CERTIFICAT	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:  County Levy Grant County (If outside city or town firmits, write RURAL and give neglect town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m  State	y Trince Harry & write RURAL and phys heardst town
How long to hospital or institution?	2.(a) If veteran, name war	***************************************
3. (a) FULL NAME Herbert Martin adams		3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, wildowed, or divorced married, wildowed, or divorced	20. DATE OF DEATH MOVEM	
8.(b) Name of husband or wife Mary atherine Charge  8.(c) If alive, give age years  7. Birth date of	21.7 CERTIFY that death occurred on the date above 200.00 19.4	6 10 19
8. AGE: Years Months Days If less than one day  9. Birthplace Falland Alexa Charles Co  (Town, county, and state)	Immediate cause of death Go	toris 4 purayon
10. Usual occupation.  11. Industry or business on sight fidams  12. Name	Due to	
14. Malden name Pran Belecca Martin	(Include pregnancy within 3 mc	
Address Brandywne md	Antopay results	ch death should be charged statistically.
17. Duracl (Burial, cremation, or removal, Which?)  Cemetery or crematory.  (Burial, crematory)  (Burial, crematory)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	(County) (State)
18. Funeral director Sunt + Ryon Address Waldory md	Meens of Injury  23. SIGNATURE TO have E.	Bowers mx
19	Addres Brandyus	Date signed 1.1./30/14



VS A15

1. PLACE OF DEATH:

How long in hospital or Institution?  3. (a) FULLI NAME  4. Sex  5. Color or race  6. (a) Single, married, widowed, or divorce  8. (b) Name of husband or wife  7. Birth date of deceased (mo., day, yr.)  8. AGE:  Years  Months  Days  If less than one day  hrs.  9. Birthplace  11. Industry or business  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  Address  Addre	City or town	limits, write RURAL und give nearest to
How long in hospital or institution?  3. (a) FULL NAME  4. Sex  5. Color or race  6. (a) Single, married, widowed, or divorce  4. Sex  5. Color or race  6. (a) Single, married, widowed, or divorce  8. (b) Name of husband or wife  5. Color or race  6. (a) Single, married, widowed, or divorce  8. (c) If alive, give age  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years  Months  Days  If less than one day  10. Usual occupation.  11. Industry or businegs  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. informant  Address  Addres	How long in above place of dealh?	years re death ogcurred: \( \)
4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorce    6. (b) Name of husband or wife   5. (c) If alive, give age   7. Birth date of deceased (mo., day, yr.)    8. AGE: Years   Months   Days   If less than one day    10. Usual occupation   11. Industry or business   12. Name   13. Birthplace   14. Maiden name   15. Birthplace   15. Birthplace   16. Informant   15. Birthplace   16. Informant   17.   18. Birthplace   18. Funeral director   18. Funeral director	mue zingeo Co	unty Christianse
6.(b) Name of husband or wife	3. (a) FULL NAME	1/)
6.(b) Name of husband or wife	Peter W. al	llen
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  9. Birthplace County, and state)  10. Usual occupation County, and state)  11. Industry or business  12. Name County, and state)  13. Birthplace County, and state)  14. Maiden name County, and state)  15. Birthplace County, and state)  16. Informant County, and state)  17. Burnal, eremation, or removal, which?)  Cemelery or crematory County, and state)  18. Funeral director County, and state)  19. County, and state)  10. County, and state)  11. Industry or business  12. Name County, and state)  13. Birthplace  14. Maiden name County, and state)  15. Birthplace  16. Informant County, and state)  17. County, and state)  18. County, and state)  19. County, and state)  10. County, and state)  11. Industry or business  12. Name County, and state)  12. Name County, and state)  13. County, and state)  14. Maiden name County, and state)  15. Birthplace  16. Informant County, and state)  17. County, and state)  18. County, and state)  19. County, and state)  19. County, and state)  19. County, and state)  19. County, and state)	4. Sex 5. Color or race	6.(a) Single, married, widowed, or divorce
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day hrs.  9. Birthplace Town, county, and stute)  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  16. Informant Days  17. (Burial, evernation, or removal, Which?)  Cemelery or crematory County Date thereof Nov 22  Location Camp Springs  18. Funeral director Days Turken  Address 2007 Methods and E.	6,(b) Name of husband or wife	expline Day
8. AGE: Years Months Days If less than one day    Months   Days   If less than one day	7. Birth date of	
9. Birlhplace		
9. Birlhplace	S. AGE:	
10. Usual occupation	9 Birlholace	the mo
11. Industry or business    12. Name	(Tow	
12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Address Retelies 17. (Burial, eremation, or removal, Which?) Cemelery or crematory below m. E. Church Can Location 18. Funeral director from F. Marchallo and J. L. Address 2007 michelo and J. L.  19. 11. American director from J.		(A) A
14. Maiden name.  15. Birthplace  16. Informant.  Address Rutchie.  17. (Burial, eremation, or removal, Which?)  Cemelery or crematory Burian.  Location.  18. Funeral director.  Address 2007 Michels and Jan.  Address 2007 Michels and Jan.  19. 11. (Maiden name)  19. 11. (Maiden name)  10. (Maiden name)  10. (Maiden name)  11. (Maiden name)  12. (Maiden name)  13. (Burial, eremation, or removal, Which?)  14. (Maiden name)  15. Birthplace  16. Informant.  17. (Maiden name)  18. Europa (Maiden name)  19. (Maiden name)  10. (Maiden name)  10. (Maiden name)  10. (Maiden name)  11. (Maiden name)  12. (Maiden name)  13. (Maiden name)  14. (Maiden name)  15. Birthplace  16. Informant  17. (Burial, eremation, or removal, Which?)  18. Europa (Maiden name)  19. (Maiden name)  10. (Maiden name)  11. (Maiden name)  12. (Maiden name)  12. (Maiden name)  13. (Maiden name)  14. (Maiden name)  15. (Maiden name)  16. (Maiden name)  17. (Maiden name)  18. (Maiden name)  18. (Maiden name)  19. (Maiden name)		and Allera
2 15. Birthplace  16. Informant  Address Rutchie  17. (Burial, eremation, or removal, Which?)  Cemelery or crematory  Location  18. Funeral director May  Address 2007 Michels and 22.  19. //-20  19. 446  Thos Delay	13. Birthplace	lon mot
2 15. Birthplace  16. Informant  Address Rutchie  17. (Burial, eremation, or removal, Which?)  Cemelery or crematory  Location  18. Funeral director May  Address 2007 Michels and 22.  19. //-20  19. 446  Thos Delay	H 14. Maiden name.	Remove
Address Reteries M.  Address Reteries M.  Address Reteries M.  Address Reteries M.  Date thereof Mor 22  (Burial, eremation, or removal, Which?)  Cemelery or crematory Relia M. E. Church Can  Location Camp Springs  Location F.  Address 2007 Michel and E.  Address 2007 Michel and E.  18 // - 20  18 // - 20  18 // - 20  18 // - 20  18 // - 20  18 // - 20  18 // - 20  18 // - 20  18 // - 20  18 // - 20  18 // - 20  18 // - 20  18 // - 20  18 // - 20  18 // - 20  18 // - 20  18 // - 20  18 // - 20  18 // - 20	15. Birthplace	Usind,
(Burial, eremation, or removal, Which?)  Cemelery or crematory Bello m. E. Church (and) (some position)  Location Camp Springs Indiana Turneral director Most of Market and Mark	1 1 1 7	ion Ricords
Cemelery or crematory Bello m. E. Church En Location Camp Springs Ind. 18. Funeral director Thos F. Marray Tunes Address 2007 michelo and E.	Address Ritchie	md.
Location Camp Springs Isolaters  18. Funeral director Thos Fr Minayo tures  Address 2007 michelo and E.  19. 11-20  19. 44 Thos D. Sulph		(11)
18. Funeral director Thos Francisco Address 2007 michelo and E.	ochicicity of orematory and	
Address 2007 michelo and E.	Location Camp Sp	mga mad
19 11-20 1946 Thos DAuf	18. Funeral director Show Fr	merajo Tures
19 / ~ 19 /	Address 2007 mc	boloane & E.
		Thos DAuf

2. USUAL RESIDENCE (HOME) OF (For newboln infunts give residence of m	DECEASED:	
Slate Coun	in George	30
City or town (If outside city or town lipsits,	write RURAL and dive near	eatl town)
Street No. Dunce Sep. Co	mts Clous	house
O(If rural, give I	LOCATION)	
Z.(G) II IEIEIAN, Hame was	3. (b) Social Security N	
	S. (0) Social Security N	umber
MEDICAL CE	RTIFICATION	
20. DATE OF DEATH NOV-	20 19.44	al 5 A. M
21. I CERTIFY that Peath occurred on the date abov		
	12 10 Mar. 20	
and that I last saw M.Dalive on		19. Y.k.
Immediais cause of death.		OURATION
Thy pertursive h	int disease	2
k!		
Due to		
•••••••••••••••••••••••••••••••••••••••		
Due to		
£		7.
Other conditions		
(Include pregnuncy within 3 m	onths of death)	
Major findings of operations		
	Date of op	
Autopsy results	***************************************	
PHYSICIAN: Please underline the cause to whi	ch death should he charged at	atistically.
22. VIOLENCE: If death was due to external caus	es, fill in the following;	
Accident, suicide, or homicide	Oale of	
Where did injury occur?(City or town)	(County)	(State)
Injured at home, farm, industry, public place (who	ere?)	
Msans of Injury	Injured at work?	
01 - 40	. 0	
23. SIGNATURE TO LAND TV GU	oney me	
Address Cheverly - md	Date sloned	1-20-46
MUUI Cabinitation of the contract of the contr	pare alluna	-

DEC 2 1946

2-2420-

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4

# 11214 Reg. Dist. No. 2310

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Pance learnes	(For newborn infants give residence of mother)
City or town	state Maryland county Trince Cooky es
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	0 0 0+
Prince George's Cleveral Hospital	Street No. 6 111 (ATTA)
How long in hospital or invitation? 18000	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
5 (	J. (0) Decial Deculty Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	MEDICAL CERTIFICATION
temale white married	20. DATE OF DEATH 2 2 19 4/6 at 135 a. M
6.(6) Name of husband or wife Jeorge Chronatrong	21. I CERTIFY the death occurred on the date above stated; that I attended deceased from
	gerley 18 1946 10 nm 2 1 1946
7. Birth date of	and that t last saw her alive on my 21
deceased (mo., day, yr.) (VCF · /2 /8 y 0	Immediate cause of death
8. AGE: Years Months Days If less than one day	carcinoma with inantean Hothe
6 6  min.	
9. Birihplace Dava Joura Dowa	Due to Princip carcinom + about 6
(Town, county, and state)	of storelly mutte
10. Usual occupation & Housewife	Due #
11. Industry or business	
12 Name Joseph Davis	Other conditions
12. Name Joseph Javis  13. Birthplace Ul cmont	
	(Include pregnancy within 8 months of death)
14. Maiden name Lenoie Cooking han	Major findings of operations Cancerna galangel
15. Birthplace n. Cl.	the of op July 25, 1916
16. Informant Mrs Ducile Elkins, str	Autopsy results And and pay
Address 111 arbon dr. Chevre and	PHYSICIAN: Please underline the care to which death should be charged statistically.
11/25/14/a	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemeters or crematory the Live shy Cemely	Where did injury occur?
A. S. De	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director Allo Cleanules Co	Means of injury Injured at work?
Address Minerdale med	Messae H. Mc fain M.D
11/04/10	23. SIGNATURE M. D. or other
19. 11/24 Umanda Douney	Address 1746 K. a.m Bate stoned Our 22-46



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6/

#### CERTIFICATE OF DEATH

Reg. Diat. No.

City or town.  City or town.  City outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred  How long in hospital or institution?	2. (ISUAL RESIDENCE (HOME) OF DECLASED: (For newborn infants give residence of mother)  State Couply  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Asper Beckowitz	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  18.46 45P
8.(b) Name of husband or wife.  Marcy Berkocerity  5.(c) tf allve, give age	21. I CERTIFY that death occurred on the date above etated; that Lattended disceased from 15 46 and that I late saw h. 2. 23 alive on 18 46
deceased (mo., day, yr.) Tele. 15, 1879  8. AGE: Yeare Monihs Days If less than one day  4. 7 9 8	Immediai que of death. Thornborn Tolays
9. Birthplace	Due to Corton on Cervin, general. 10 years
10. Usual occupation	Due to Agistrotic melliture 300000
12. Name	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
Address	Antepsy results
17. (Buriat, cremation, or removal, Which?)  Date thereof. (month) (day) (gear)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, eulcide, or homicide
Location Muly Out	Where did injury occur?
18. Funeral director Aux Manubus Co	Means of Injury injured at work?  Theres Workely, M.D.
18. Mot. 21 H 19 Hb Mrs. Jas, Deverel (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address 30 - 5 Priody Rd, Greenbelt, Mes Date signed 11-23-46

RECEIVED: NOV 27 1946 BIREAU V S.

2-2450-1-10

A15 VS

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

### CERTIFICATE OF DEATH

11216<sub>3</sub> Reg. Dist. No. 23

1. PLACE OF. DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	
County France Leave	The Down Man	
City or town	The + 1-11	
How long in above place of death?	City or town	3)
Hospital, Inetitution, or street address where death governed:	Street No.	
Pr. Seo Co almohouse	(If rural, give LOCATION)	
How long in hospital or Institution?	2.(a) It veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
Samuel Betting		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white jurghwed	20. DATE DF DEATH \$\infty & \tau - 14 \\ 19.46 \tau at \!	A . M
6.(b) Name of husband or wife I salella Ulmur	21. I CERTIFY that math occurred on the date above etated; that I attended deceeeed from	
	June 1941 10 Vov 14	18. Y. L
T. Birth date of Q 1 . Q 4	and that I last eaw V.I.Malive on	
deceased (mo., day, yr.) Upul 1000	Immediate cause of death	RATION
o. Aue:	Cerebal Minorhage	
80 / Jhremin.		***************************************
9. Birthplace Lebanon fa.	Due to.	·····
(Town, county, and state)	arimos elevasio 1	· · · · · · · · · · · · · · · · · · ·
1D. Usual occupation. Egg unopector	Due to	
1t. Industry or bueinass		
12. Name Deading Pa. 13. Birthplace Plading Pa.	Dther conditions	,
	(Include pregnancy within 3 months of death)	
14. Malden name Hancy finn Ruffs 15. Birthplace Lebanon Ra	Major findings of operations.	
15. Birtholace Lebanon Pa	Major indings of operations.  Date of op.	
De Gan Ca Dlanck week	Antopsy results.	
16. Informant J	PHYSICIAN: Please underline the cause to which death should be charged statistical	ly.
Address Auchel Mills 11-14	22. VIOLENCE: If death was due to external causes, till in the tollowing;	
(Burial, cremation, or removal, Whish?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremators Emphanis	Where did lnjury occur? (City or town) (County) (State)	
tablet in med	Injured at home, tarm, Industry, public place (where?)	
Location	Meene of Injury Injury Injured at work?	
18. Funeral director	0 /	
Address Myer Marloso Majo	23. SIGNATURE John D. Maloney, En 2	200
10 how 15 10 46 Kanil double	Planeta H Of Af M. D. or other	14.4
(Date rec'd by registrar) Registrar	Addrese Date signed + 1-	1.7.7.7.6



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940/

#### CERTIFICATE OF DEATH

T1217
Reg. Dist. No. 245

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME  AR  BOCK  4. Sex  5. Cofor or race  6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number  MEDICAL CERTIFICATION
m 9t. married	20. DATE OF DEATH 14 Nov. 46 19.46 at 12.50 a.m.
6.(b) Name of husband or wife Ada D R 6.(c) If alive, give age 6.6 years	21. I CERTIFY that death occurred on the date above stated; that I ottended deceased from  13. 46. 10. 14. 40. 11. 40. 11. 40. 11. 40. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1
7. Birth date of	and that I last saw h smaller on 14 Nov. 46.
deceased (mo day, yr.)  8. AGE: Years Months Days If less than one day	Immediate cause of death Coronary DURATION Of Clusion 5 hours
72hrsmin.	
9. Birthplace Sulfshus spring Suchisma (Town, egypty, and start)	Due to Not previously sease " Lee Remarks
10. Usual occupation	Due to
12. Name Christopher Bock 13. Birthplace Incliance	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Eliza Benton  15. Birthplace Indiana	Major fiadings of operatious.
\$ 15. Birthplace sudiance	Date of op.
16. Informant Garl K Back	Autopsy results
Address Acuatories Masses Maria Mari	22. VIOLENCE: 1f death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory It. Lindles Citally	Where did Injury occur?
Location Wash. Sc	Injured at home, farm, Industry, public place (where?)
18. Funeral director W. Th. Chambers &.	Means of Injury Injured at work?
Address Penerdale md:	23. SIGNATURE Muse Matting Cy W.D.
19. Opto recistrary 1946 Mag. Ag. Agricultural Registrar	Address 2200 R.S. act No. 1940 Date signed / 1/0 V. 194

Deceased was seen shortly after typical most of cormery reclusion or myocardial infarction. He was in shock with orthopical and characteristic precordial ariginal pertreme degrees. Dr. James J. Borgd was called and acquainted with above facts and god permission to right certificate pending his subsequent affinal.

Thines Empatingly M.D.



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICA	IE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, wrise RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No. 3. 7. 0. (If rural, give LOCATION)
	2.(d) If veteran, name war
	well 3. (b) Social Security Number
Fem. white widowed, or divorced white widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. NO VEMBER 28 19 46, 21 4:55 PM
B.(6) Name of husband or wife Villians Collisian Bosivell  7. Birth date of S.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 3. 7. to
deceased (mo., day, yr.) del 7 /862  8. AGE: Years   Mooths   Days   If less than one day	Immediato cause af death DURATION
8 4,hrsmin.	Crestal ams may
9. Birthplace Trashing (Town founty, and state)	Due to Aly arterios ellersie
tD. Usual occupation	Due to
E 12. Name Charles adolphi Arano	Dither conditions.
13. Birthplace Fernang  14. Malden name Mary Pic  15. Birthplace Wilkorown	(Include pregnancy within 3 months of death)
\$ 15. Birthplace wilkorown	Major findings of operations.  Date of op.
18. Interment MD. Koss E. May	Autopsy results
Address 70 4 - 0   Date thereof 21, 30 46 (Burial, cremation, or removal, Which) (mouth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory of the contract of the c	Where did injury occur?
Location Themas Walley	Injured at home, farm, industry, public place (where?)
Address 522 - 8 th of S. S. Wash, D.	. Alchertman
how 39 ,46 Jains Berry	23. SIGNATURE M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73

City or town(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	State County City or town (If outside city or town limits, write RURAL and give nearest town)  Sirget No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME	3. (b) Social Security Number
Rosine Boadas	4 (4)
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W W. dawed	20. DATE OF DEATH NOV- 41 1941 4 9 10 PM
Care C Board	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of San	and that I last saw halive on
deceased (mo., day, yr.) 1000 - 29, 1367	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	artino schroli Sheart
7) JO 3hrsmin.	distast
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation	Due to
11. Industry or business	
t2. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name allem handas.	Major findings of operations.
El ts. Birthplace 1. Jes. Burny	Date of op.
to Informant Court Co. Dovelso	Autopsy results
Address Classian (1)	PHYSICIAN: Please underline the cause to which death should he charged statistically.
12/ Inhial - A pate thorast ///1-46.	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal, White) (Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Chrone Mac "	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Pitchie Busson	Means of Injury Injured at work?
1.11 Con 11 11 - 2011	Not say
Address Mus Hvarlotto Musi	23. SIGNATURE M. D. or other
19. Mob (Opate rec'd by registrar) 19. 410 James S. Huytar Registrar	a etyl dipaty med cal Expanding other  Address Churchy Md Date signed 1-5-46

NEV 12 1946

ELECTOR 2 5

2-2370

age

The correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservative is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-a

ILIN NO. I O O NOV I O 1340	Rog. Diet. 1100 main bulletin de main
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County
(If outside city or town limits, write RURAL and give nearest town)	State County County
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Vince Borge's Hospital	STEET RO
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
IDA BRENTS	TEIN (Bretstein) 3. (0) Social Security Number
4. Sex 5. Color or raca 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Ferrale White Sinde	Aloremhan # 1/1 rion
Taccoct 100 tocal	20. DATE OF DEATH November 7 _ 1946, 21 510 A. M
B.(6) Name of husband or wife	21. I CERTIFY that death occurred on the dato above stated; that I attended deceased from
	Jeptember 28, 1946, 10 November 7. 1946
7. Birth date of	and that I last saw h. & alivo on November 6 1976
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Mooths Days If less than ood day	
62hrsmin.	BRONCHOPNEUMONIA I WOOK
8. Birthplace	Due to Taxemia from absorption Dremonth
Mating of	of necrotic trisce-dembrader One month
10. Usual occupation.	Duo 1 a
11. Industry or business	
12. Name Ezekiel Breitsteih  13. Birthplace Russia	Other cooditions FRACTURE OF RIGHT HIP 5/2 Wests
Y 13. Birthplace Aussia	FRACTURE OF RIGHT SHOULDER Sh Weeks (Include pregnancy within 8 months of death)
14. Malden name Unknown	(Include pregnancy within 8 months of death)
E 17. material 1	Major findings of operations
\$ 15. Birthplaco . Justica	Date of op.
18. Interment Mris Genie G. Lavine	Autopsy results
211 11 12 111	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Bate thereof. 7. (1946)  (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (Jay) (year)	
Cemetery or crematory Control	Where did injury occur?
Location Washington, A.C.	injured at home, farm, industry, public place (where?)
	Moans of Injury Injured at work?
(/(/b*//	
Address 3501-14 TSOZYW	as signified with a driver with
11/2 11. // / //	23. SIGNATURE M. D. of other
19	Address Mb. Kennie md Date signed 11 17/46

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

			0	11	9	1
Reg.	Diat.	No.	0	7	0	//

	Reg. Diat. No.
1. PLACE OF DEATH:  County Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (rura) Glenn Dale Lary land (If outside city or town limits, write RURAD and give nearest town)	State
(If outside city or town limits, write RURAL and give nearest town)	City or town Washington
How long in above place of death? 18 days.  Hospital, institution, or street address where death occurred:	City or town. (If outside eity or town limits, write RURAL and give nearest town)
Glenn Dale Sanatorium	Street No. 1104- G. St. N. E.
	(If rural, give LOCATION)
How long in hospital or Institution? 18 days	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
EDWARD ARTHUR.	DROWN 214-16-7778
4. Sez 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Married	
	20. DATE OF DEATH NOV. 27 19 46 21 9:20 P.
6.(6) Name of husband or wife Hattie E. Brown	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Nov. 9 19 46, 10 Nov. 27 19 46
7. Birth date of	and that f last saw h.l. The alive on NOV. 27 18 46
deceased (mo., day, yr.) January 23, 1896	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cerebral Hemorrhage of tour
50 10 4hrsmin.	Dialetes mellitus severe 10 mo.
Prince George's Co. Maryland	Due to.
9. Birthplace Prince George's Co. Maryland (Town, county, and state)	Or evene dialetic left les 5 da.
10. Usual occupation. Janitor	
	Pulsumany tuterculosis 6 ms
11. Industry or business	Pulmonary Inherculosis 6 mo.
E 12. Name Pleasant Brown 13. Birthplace Prince George's Co., Maryland	Dither conditions
	(include pregnancy within 3 months of death)
≝ 14. Malden name Ardeen Franklin	(include pregnancy within a months of death)
Candra Candra and Managan d	Major findings of operations
16. Informant Decedent	Antopsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
P -0 11-20-46	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Oate thereof	Accident, suicide, or homicide
Cemetery or crematory To Washington DC	Where did injury occur?
Cemetery of Crematory	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director W. Zmest Janus Co	Msans of Injury Injured at work?
Address 1432 Q St NW.	(1) . 00 11-
	23. SIGNATURE & Auch Leo Finecare M/x)
19. Nov. 27 1946 Rowland S. Philips	24 2 Da On med M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 17-27-76

ARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

PLAINLY, WITH UNF.

WRITE

PLEASE

correct age

A15 VS

DEC 11 1945

2-2430 -- 2-10

9-45-15M

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

#1222 Reg. Dist. No. 23/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
County Prince Georges	(For newborn intanta give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of dealh? 27 70 UTS	(If outside city or town limits, write RURAL and give nearest town)
Macrital Inetitution or street address where death occurred:	11. 1. T Konyon St. NU
Prince Georges General Hospital	Street No. (If rural, give LOCATION)
How long in hospital or institution? 27 6047	2.(a) If veteran, name war.
7111100111110011	NES  3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wylowed, or divorced	MEDICAL CERTIFICATION
male W. Married	2D. DATE OF DEATH 200. 161 1946 21605P. M
6.(b) Name of husband or wife Mathilde Carnes	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dovember 15, 1946 10 20. 16, 1946
7. Birth date of	and that I last saw h / 27 alive on Nov ember 16, 1946.
deceased (mo., day, yr.) /4ne 5, 1883	
8. AGE: Years   Months   Days   If less than one day	Dumointe cause of death  Dumon any e dema, Lypos tatic  DURATION
63 5 11	Congestion and preumonia 27 hours
9. Birtholace Big Stone Gap, Va.	Due to
(Town, county, and state)	Cardisc failure dome
10. Usual occupation Refired.	
11. Industry or business	Atheromatous and degenerative
# 12. Name William Carnes	and a contesto - Cause unknown undnoun
Ē 100	Uther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Emma Martin  15. Birthplace Va	Major fiadiugs of operatious
2 15. Birthplace /a ·	Date of on
18 informant William Boyd Carnes, Jr.	Autopsy results Jame autopsy 11/17/16
14/2 /2 02	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Atlanta, Cla.	22, VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Dia Stone Lago, Va	Where dld injury occur?
Location / // sighna	injured at home, farm, industry, public place (where?)
16. Funeral director (1.7/ Zlenes 60.	Means of Injury tnjured at work?
Address 2901 - 14+5.54 m.C.	has her
11/12 1/1 /2 / 1/2	23. SIGNATURE M. D. or my r
19. (Date/rec'd by registrar)  19. Conterfec'd by registrar)  Registpar	Address Mrt. Rainier /hd. Date signed 11/17/46
The state of the s	Variable a Submitted in the second in the se



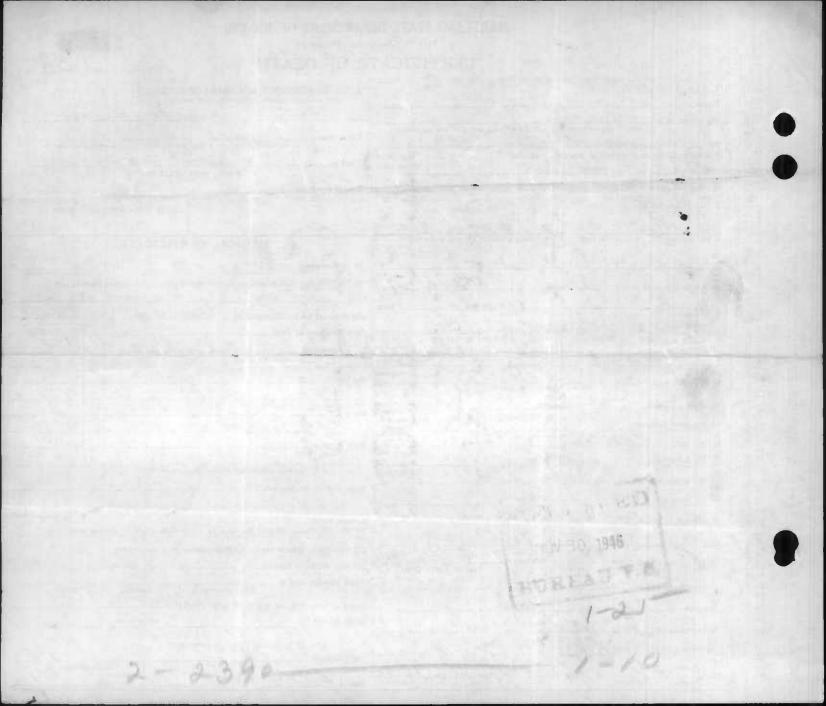
VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

112 3 Reg. Dist. No. 23

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru intents give residence of mother)
County	State Md County Prince George
(If outside city or town limits, write RURAL and give nearest town)	7
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
319 Janel are	Street No. 3 7 Causel U.S. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Thomas Otho Cloug	h
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white undowed	20. DATE DF DEATH 24 19.46.at 12.40
6.(6) Namo of huaband or wife. Anne L deigles	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) If alive, give ageyears	my 24 19 46, 10 hr 24. 19 46
7. Birth date of	and that I last saw h alive on 1946
deceased (mo., day, yr.) Lebruary 21, 186  8. AGE: Years   Montha   Days   If tess than one day	Immediatelease of death
79 9 3hrsmin.	
Land Caches Co Mid	
9. Birihpiace (Towo, county, and state)	Duo 1a
10. Usual occupation Machinest Celisid	Bue to
11. Industry or business	
12. Hame Charles H. Clough  13. Birthplace England	Other conditions
	(Include pregnancy within a mooths of death)
14. Maiden name Elizabeth Saffel  15. Birthplace unknown	
5 15. Birthplace unknown	Major fiedings of operations.
16. Interment Gulbert 7 Mushy	Aotopsy results.
Address 319 Lawel are Lawl Mrd	PHYSICIAN: Flease underline the cause to which death shoold ha charged statistically.
11/10/1/10/1/	22. VIOLENCE: It doath was due to external causes, fill in the following;
Date thoroot. (month) (day) (year)	Accident, suicide, or homicide
Cemotery or erematery	Whore did injury occur?
Location Land Ma Dy	Injured at home, farm, industry, public place (where?)
18. Funoral director has the Cappacta con	Moans of Injury Injured at work?
Address Lackel 701 63	In 72 Harmed
Autres Via	23. SIGNATURE
(bate rec'd by registrar)	Address 3>> Po hu FY Land 25/x
	- Manager - Barg - Signed - Si



PLEASE

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FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 146-P.

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, wrige RURAL and give nearest town)	State Maryland County
How long in above place of death? 32 hr.	City or town
Hospital, institution, or street address where death occurred:	Street No. Brinklyn Bridge Road
How Yong In hospital or institution?	(if rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Cole Mrs. Hazel Sene	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F white married	20. DATE DE DEATH 22 - 19 46 21 5 9 M
8.(b) Name of husband or wife. The Genry Lale	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give age 2.8 years	m 20 19 4 6 10 hr 22 19 X 6.
7. Birth date of	and that I last saw h alive on 19 7
acceases (mo., day, yr.)	Immegliaiu capse ní death
8. AGE: Years Months Days If less than one day	Warnin Hamontone 42
24 11 28hrsmin.	
9. Birthpiace (Town, eounty, and state)	Due to Sugaratura Glacuscal y
10. Usual occupation. Housesfie	Due to.
11. Industry or business On home	900 (U
12. Name	Bther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
∑ 15. Birthplace md,	Date of op.
16. Informant Leland menunial Ass. Reserts	Antopsy results
Address Rheidale, ma.	
17. Burial, cremation, or removal. Which?)  Date thereof	22. VIOLENCE: tt death was due to externat causes, till in the following;  Accident, suicide, or homicide
Cemetery or crematory Essamuel Coursettery	Where did Injury occur? (City or town) (County) (State)
Location Screege aville Ind!	tnjured at home, farm, Industry, public place (where?)
18. Funeral director We With Non aldeson	Msens of injury injured at work?
Address Laurel mel	maland
10 nor. 22 1046 ma Jas. Devere	322 P. Sa & Laurd D. D. Opper / 41
(Date rec'd by registrar) Registrar	Address Dato signed

There was no hitch.

according to letter from N. S. Steward. Ma.

Sauce. Ms. P.R.C

in letter fixe - 12/23/46



2-2450

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

*			
	175	295	
		24	150
Reg. I	Plat. No		

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County A MANUAL STATE OF THE COUNTY OF THE C	State Md. County M. M. M. State
City or town	March Harriell Mill
How long in above place of death A	(if ootside eit or town limits, write RUKAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 56 04- 35 12.
W. W. C.	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(Q\( \text{figie, married, widowed, or divorced} \)	ell si- More
4. Sex   S. Color of race   C. C	MEDICAL CERTIFICATION
'In whatea	20. DATE OF DEATH 19 12.359 M
6.(b) Name of husband or wife author Christian	2f. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. 6irth date of	
deceased (mo., day, yr.)	and that I last saw halive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
80 8 4hrsmin.	(Con 2001 (O) (C) (C)
Townel Mil	and the state of t
9. 6 rihplace //(Town, connty, and state)	Due to
10. Usual occupation.	
1f. Industry or business / Mellellel	Due 10
12. Name 13. Birthpiacy 14.	Other conditions
	(Include pregnancy within 3 months of death)
14. Marden name Susant Duess.  15. Birthplace M	Major findings of operations.
Eles. & chaill the	Date of op.
Address 7/19-19 etilentische Must	Antopsy results
72 / 0 11 11 11 11 11 11 11 11 11 11 11 11 1	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or removal, Which?)  Dale thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory First Aurela Conetery	Where did injury occur? (City or town) (Coonty) (State)
Location Des States Good	Injured at home, farm, industry, public place (where?)
16. Funeral director 1. W. Teles Series (4)	Means of Injury Injured at work?
Address 300 - 4 of M.C D.C.	and soul ma
11/8 46 Renands Dourses	23, SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Darlesly Med Date signed 1/2 7-4/

NOV 13 1946 HUREAUYE 1-35

VS A15-

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1570



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			d	4	4	1
	Rog. Dist.	No.	al	7.	24	(2)

County (for octoic city or town links, write hilled, and ear mancet town)  Rey ling in above tipe of death)  Rey ling in above tipe of death)  Rey ling in above tipe of death  City or team. (if contains city or town links, write hilled, and ear mancet town)  Rey ling in above tipe of death  City or team. (if contains city or town)  Rey ling in above the state of the given forces town)  Street Ro. (if contains city or town)  Street Ro. (if cont	1. PLACEOF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanta give residence of motion)
City or team.  If considicity of control of the verte full-AA and a manual torsen)  Revised in above piece of details.  Revised in above piece of details.  O ( G	County.	D (P.
Street No.   Counting city or toyn lithing cross town	City or town.	State County County
Street No.		City or town
Comparison   Com		1119 / Leterion / Carl
3. (a) FULL NAME  4. Sex  5. Solver or race  6. (a) Shalle, parried, wideled, or divarced  Council Colored  8. (b) Name of horband or wife  8. (c) If alive, give age  7. Birth date of deceased (mo., day, rr.)  8. AGE: Years Renths  8. (c) If alive, give age  7. Birth date of deceased (mo., day, rr.)  8. AGE: Years Renths  9. Stribplace  10. Usual acceptation.  11. Industry or humbers  12. Anne.  13. Birthplace  14. Maiden frame  15. Birthplace  16. Informant  17. Birth date of operations.  18. Industry or humbers  19. Informant  10. Usual acceptation.  11. Industry or humbers  12. Anne.  13. Birthplace  14. Maiden frame  15. Birthplace  16. Informant  17. Usual acceptation, or removal. Whileh)  18. Birthplace  19. Informant  19. Bate thered  10. Industry or humber  10. Industry or humber  11. Complete or removal. Whileh)  12. Anne.  13. Birthplace  14. Maiden frame  15. Birthplace  16. Informant  17. Usual acceptation.  18. Birthplace  19. Informant  19. Bate thered  10. Industry, public place (where?)  10. Information, or removal. Whileh)  10. Industry occur?  10. Industry, public place (where?)  11. Industry, public place (where?)  12. Harms of Injury  13. Birthplace  14. Maiden frame  15. Birthplace  16. (City or town)  17. (City or town)  18. Internation  19. Birthplace  19. Bate thered  19. Bate thered  10. Usual acceptation  10. Usual acceptation  10. Industry, public place (where?)  11. Industry, public place (where?)  12. Harms of Injury  14. Harms of Injury  15. Birthplace  16. (City or town)  17. (City or town)  18. Birthplace  19. Industry, public place (where?)  19. Industry, public place (where?)	1019 addern Wad	211001 1101-112-112-112-112-112-112-112-112-112
6.6) Name of harband or wife  8.(c) It allies, give age  9. (c) It allies, give age  12. It certify that death occurred on the date above stated; that I attended deceased from  13. Birth date of deceased (mo. day, yr.)  8. AGE: Tears  10. Usual occupation.  11. Industry or Agustiness  12. As and  13. Birthplace  14. Maidein frame  15. Birthplace  16. Informant  17. Birth date of deceased (mo. day, yr.)  18. Industry or Agustiness  19. Usual occupation.  10. Usual occupation.  11. Industry or Agustiness  12. As and hat I last saw h. alive on I case of death  13. Birthplace  14. Maidein frame  15. Birthplace  16. Informant  17. Deceased (mo. day, yr.)  18. Industry or Agustiness  19. Usual occupation  11. Industry or Agustiness  12. Name.  13. Birthplace  14. Maidein frame  15. Birthplace  16. (Industry or Agustiness)  16. (Industry or Agustiness)  17. Deceased (mo. day)  18. Industry or Agustiness  19. Other conditions  19. Other conditions  19. Date thereof  10. Usual occupation  10. Usual occupation  11. Industry or Agustiness  12. Name.  13. Deceased (mo. day, yr.)  14. Maidein frame  15. Date of operations  16. (Industry or Agustiness)  17. Date thereof  18. (Industry or Agustiness)  19. Other conditions  19. Other conditions  19. Other conditions  10. Usual occupation  10. Usual occupation  11. Industry occurs  12. Name.  13. Deceased (mo. day, yr.)  14. Maidein frame  15. Duting the case of death  16. (Industry occurs)  16. (Industry occurs)  16. (Industry occurs)  16. (Industry occurs)  17. Date thereof  18. Actions, saided, or homolide  19. Date of operations  19. Other conditions  19. Other co	How tong in hospitat or institution?	2.(a) If veteran, name war
8. (6) Name of husband or wife	3. (a) FULL NAME	3. (b) Social Security Number
8. (6) Name of husband or wife	Barbaro Jane Gronne	Crawford !
8. (b) Name of husband or wife	4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
8. (b) Name of husband or wife	Jewsle Colored Sury	20 BATE OF GEATH Tracella 24 1946 at 9 - AN
Second continues and or wife   Second continues		
T. Birth date of deceased (mo. day, yr.)  8. AGE: Years Months Dy's fi less than one day  9. Birthplace	8.(b) Name of husband or wife	
Second (me., day, yr.)   Second (me., day, y	S.(c) if alive, give ageyears	
8. AGE: Years Months Drys (fless than one day by hrs. min.  9. Birthplace (Towl county, and atate)  10. Usual occupation.  11. Industry or Justiness  12. kame (Include pregnancy within 8 months of death)  13. Birthplace (Include pregnancy within 8 months of death)  Major findings of operations.  16. Informant (Burish, Neeffaction, or removal, Which?)  Cemetery or organitory (City or town) (County) (State)  Location (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Location (Line of the cause to which death should be charged statistically, where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Leans of injury (April 2014)		
9. Birthplace	8. AGE: Years Months Days If less than one day	Careland Company
10. Usual occupation  11. Industry or husiness    12. Name	0/0/8hrsmin.	
10. Usual occupation  11. Industry or husiness    12. Name	Land to OT	I Handrocephalin
11. Industry or Jusiness    12. Name	9. Stringlace(Town county, and atate)	000 10
11. Industry or Jusiness    12. Name	10. Usual occupation	
12. Name		Due to
14. Malder name   15. Birthplace   16. Informant   17. Date of op.		
14. Malder name   15. Birthplace   16. Informant   17. Date of op.	E 12. Name	
Astopsy results  Address 0/9 Gelden Ref		(Include pregnancy within 8 months of death)
Astopsy results  Address 0/9 Gelden Ref	14. Maiden name 1	Major findings of operations.
Astopsy results  Address 0/9 Gelden Ref	15. Birtholace	
Address O 1 G Calcumpt	R. The college and	
Date thereof. (month) (day) (year)  Cemetery or cramatory. (City or town) (County) (State)  Location. (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)	18, Informant	PHYSICIAN: Please underline the cause to which death abould he charged statistically.
17(Burial, Gremation, or removal, Which?)  Cemetery or cramatory  Location  Location  Date thereof (month) (day) (year)  (month) (day) (year)  Whera did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?	Address 019- addes 16 portal 19	22. VIOLENCE: tf death was due to external causes, till in the tollowing:
Cemetery or cramatory (City or town) (County) (State)  Location County (State)  Location County (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury (Appendix Means of injury)  Means of injury (City or town) (County) (State)	17. Burea Date thereof	
Location Washington & C , thjured at home, farm, industry, public place (where?)	mat-(1) Years	
12 Energy Hears W Working to 48 st Mans of Injury this product at work?	Cemetery or cramatory	
10 French director BLARA BL. W ONWY D. 4 DIN	Location	
TO TAMOUR CHOOLING	18 Financial director Henry & Washing by 485	A S /
	11/2 00/ 17 00/11	Report, medlegt chamer
Address 46 M D. onether	Address TO	23. SIGNATURE
19. Deter port by perfect part of the second	100 or 24 1046 arrie amobile	D T 11 1 11-24 11

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MARYLAND	STATE	DEPARTMENT	OF	HEALT
STALL BOOK A SHALL BY	N A A A A A	AF AND A DAG A STRANGT A	~	MARGARAN A

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:  County Prince George 's  City or town Orural) Glenn Dale, Maryland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 6 mos., 21 days  Hospital, Institution, or street address whare death occurred:  "Lenn Dale Sanatorium"  How long in hospital or Institution? 6 mos., 21 days  3.(a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
ELSIE E. CRAWFO	ORD None
Female Colored Married	MEDICAL CERTIFICATION  20. DATE DE DEATH  NOO. 24, 1946, at 9.40 A, M
6.(6) Name of husband or wife Robert Crawford  6.(c) If allve, give age years  7. Birth date of deceased (mo., day, yr.)  October 3, 1913	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 46. to 10. 19. 46  and that I last saw h. 2. 4 19. 46  Immediate cause of death  OURATION
8. AGE: Years Months Days If less than one day  33 1 21	Pulmonary Julienculosis 3 yrs 3 M
9. Birthplace Loudon County, West Virginia  1D. Usual occupation Housewife.  11. Industry or business  12. Name Thomas H. Peterson	Seft tulierculous anapyena 24010/210
12. Name Loudon Co., West Virginia	Other conditions
14. Maiden nameAnita Cooper	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informani Decedent Address	Autopsy results
(Burial, cremation, or removal, Which?)  Cemetery or crematory.  Date thereof 25,1446 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director Bases & Mesthews	Means of Injury Injured at work?
19. Nov. 24,19 46 Rowland S. Philips (Date ree'd by registrar)	23. SIGNATURE & Aniel Leo Finecane M.D. or offer Address V Som Dale Md, Date signed 11/24/46

DEC 2 1948

PLEASE

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0

### CERTIFICATE OF DEATH

11228

245 W

1. PLACE OF DEATH: County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Many and County Shared Theory County
How long in above place of death? 5 days .	City or town (If outside city of town Almits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Told Street tow
Congress of slave Mineral Harp.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
day The James Torrest	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DE DEATH NOV. 26, 1946 at 12 A.M
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1. Birth date of 2 15 An	and that I last sew halive on
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediaia canse ul death
46 6 2 <b>3</b> hrsmin.	Juliania Januaria
9. Birthplace	Due to Cruckas chart
10. Usual occupation	meightly at the
11. industry or business for Bureau of Int Current	Algebra 14 Witheral
12. Name Darry Daly  13. Birthpiace	Other conditions
14. Maiden name Nassiet Forest	(Include pregnancy within 3 months of death)
15. Birthplace Mew York.	. Major findings of operations.
16, informant Julia allegan Daly -	Antopsy results.
Address (10/2 Hamulton St Whether	PHYSICIAN: Please underline the cause to which death should be charged statistically.
11 Removal Date thereosov the 1948 10	22. VIOLENCE: If death was due to external causes, fill lothe following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide. Date of 1.1.2.1.
Cemetery or crematory	Where did injury occur? (City or town) (County) (Cstate)
1000 2901 - 144 St n. W Wash De	injured at home, farm, industry, public place (where?)
The SFU Himes Co	Moons of Digrams Car in callespired abuntles ty of the
18. Funeral director 9 0 - 1 110 Th Det 12 110	bleback hadrage chan
Address 2901 1414 St 754	23. SIGNATURE
19. Just 16 Jaw Serry Registrar	Address nestorline Date signed 1 - 76 - 41



PLEASE WRITE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BF

CERTIFICATE OF DEATH

41229 Reg. Dist. No. 243/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECLASED:  (For newborn infante give residence of mother)		
county Prince Georges			
City or town Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	State D. C. County		
	Cily or town. Washington (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?			
Glenn Dale Sanatorium	Street No. 253 D. St., N. W. Apt. 13		
How long in hospital or institution? 3 months, 19 days.	1		
	2.(a) It veteran, name war		
JACKSON H. I	3. (b) Social Security Number 238-18-0012		
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male colored married	20. DATE DE DEATH 20. DATE DE 1846 21 1/30 A.M.		
6.(b) Name of husband or wife Sara Douglas	21. I CERTIFY that death occurred on the plato above stated; that I attended deceased from		
6.(0) Name of nuseand of wile	8/6/ 1946 10 1// 26 1946		
7. Birth date of 7. Borth 200 7.00 (c) If alive, give age	and that I last saw h		
deceased (mo., day, yr.) Feb. 22, 1916	Immediajcause of death DURATION		
8. AGE: Years   Months   Days   It less than one day	Palman taberalosis 10 mos		
30 30 9 14hrsmin.			
9. Birthpiace Rock Hill South Carolina (Town, county, and state)	Due to		
(Town, eounty, and state)			
10. Usual occupation Porter in Barber Shop	Due 10		
11. Industry or business			
質 12. Name John Douglas	Other conditions		
13. Birthplaco Rock Hill, South Carolina			
	(Include pregnancy within 3 months of death)		
14. Maiden name Amelia Shelley	Major findings of operations		
Handler name Amelia Shelley  14. Malden name Rock Hill, South Carolina	Date of op.		
16. Informant Deceased	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address			
27. 19V6	22. VIOLENCE: It death was due to external causes, fill in the following;		
17. Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide		
Cemetery or crematory Washington, D.C.	Where did injury occur?		
0	Injured at home, farm, Industry, public place (where?)		
Location 2			
19. Funeral director I always to chery du	Means of Injury Injured at work?		
Address 424 R. St. 1411	(1)000000000000000000000000000000000000		
21 21 20 0 100000	23. SIGNATURE & and Leo Insicare M.D. or other		
19 Nov. 26 1946 Rowlands. Phulips	Address of lan Dale Md Date signed 1/26/46		
(Date rec'd by registrar) Registrar	Address		

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### (131-0)

#### CERTIFICATE OF DEATH

1123450

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county. Laure Spanney	State Manual County Prince Change
City or town	Que (Par is
How long in above place of death?	(If outside city or town limits, write RUR Land give nearest town)
3 9 0 7 - 3 3 - d Street	Street Ro. 3 8 0 7 - 3 3 A A A A A A A A A A A A A A A A A
How long in hospital or Institution?	2.(a) If veteran, name war
3. (g) FULL NAME	3. (b) Social Security Number
nelle mooney Cl	light
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divalced	MEDICAL CERTIFICATION
Female White married	20. DATE DE DEATH 19. 46 at 9:15 Am
6.(b) Name of husband or wife 74. Ellioth	21. I CERTIFY that death occurred on the dats above stated; that I attended deceased from
/ (-	1919
7. Sirih date of	and that I tast saw halive on
deceased (mo., day, yr.)  8. AGE: Years Wonlhs Days If less than one day	Immediato cause of death
65 min.	garle compositions
1-01	ne of facetal
9. Sirlhplace (Town, county, and state)	Due to
10. Usual occupation Houseurs	Due to
11. Industry or byeiness from Home	UU 10
# 12. Name William C moone	Other conditions Very aleas
13. Birthplac Washer to	4.
14. Maiden name annie Plancheth Herber	(Include pregnancy within 3 months of death)
14. Maiden name anne Clarocheth Herber 15. Birthplage . Oserva	Major fiadings of operations.
T. Stringen	Bate of op.
18. laformant	Aulopsy results
Address that Cauce hea	22. VIOLENCE: If death was due to externat causes, fill in the following:
(Burlai, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Ford Lincoln	Where did injury occur?
Location Bladensburg Rd. + D. l. Line	tnjured at home, farm, Industry, public place (where?)
18. Funeral director Wood, J. Nalling.	Means of Injury tnjured at work?
	hepart medical youngener
Address 3200 R.J. Gove Wit Rainin md.	23. SIGNATURE Ochres I
19 (Date rec'd by Fegistrar) 19th James Serry Registrar	M. D. brother
(Date rec'd by fegistrar) Registrar	Address Bate signed



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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Diat. No. 243

1. PLACE OF DEA				(For newborn infants give residence of mother)	
CountyPri	nce Georg	zes	***************************************		
City or townGle	nn Dale	Mary	land. URAL and give nearest town)	State D. C. County Washington	
How long in above place	of death?7.9.1	days	<u></u> !:	(If outside city or town limits, write RURAL and give n	
				Street No. 216 Eye St., N. W.	
			<u>um</u>	(If rural, give LOCATION)	
How long in hospitat or	Institution?7	)1 da	y.s	2.(a) If veteran, name war	
3. (a) FULL NAME				3. (b) Social Securit	Number
	AI	MA	A FENWICI		
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION	95
A. C.				MEDICAL CERTIFICATION	- 45
Female	Colored	Si	ngle	20. DATE OF DEATH NOV. 16 Tec 19 44	at
6.(b) Name of husband	or wife			21. I CEBLIFY that death occurred on the date above stated: that I attended de	ceased from
				(defit 15 the 18 +4 10 Most	1600 1946
7 Right date of			c) If alive, give ageyears	and that I fast saw h Dr. ative on Work 16to	19.46
deceased (mo., day, yr	July 26	19	25	Immediate cause of death	
8. AGE: Years	Months	Days	tf less than one day		
21 21	3	20	hrsmin.	Velminery declaredosts.	
9. 8irthplaceWas	shington,	D. (	atate)	Due to	3 muz
			erator	Due to.	
tt. Industry or business					
E 12 Name .To	ordan Fer	wick		Dther conditions	
			, Maryland	Biller Collutions	
				(Include pregnancy within 3 months of death)	
岩 t4. Malden name	Louise A	L. Day	wson	Major findings of operations	
S to Birthplace S]	pottsylva	mia (	Co., Virginia	Date of op.	
16. Intermant	LouiseM.	Feni	wick , mother	PHYSICIAL Place underline the cause to which death should be charge	d statistically.
Address 2:	16 Eye St	N	. W.		4
0	0 +		7	22. VIOLENCE death was due to external causes, fill in the following:	-
(Buriai, cremation,	or removal, Which?)	Date ther	eof (month) (day) (year)	Accident, suicide, homicide Date ot	
Comptons on assentan				Where did injury (City or town) (County)	4PA-A-\
Cemetery or cremator	y	ton	, D C		
Location	7	1	7 7	Injured at home tam, industry, public place (where?)	
t8. Funeral director	The Story	Parle	0.	Means of Injury tnjured at work?	
my	12 7	12/2 20	a /	(D) · (D) (D) ·	. 0
Address 32	de la s	111	1 00101	23 SIGNATURE * Land Leo Finecan	1 m.V.
10/1001	6, 1946	Tou	land S. Philips	1.0 0 0 30.1. M.D	or other
(Date rec'd by reg	istrar)		Registrar	Address 87 Com V all / May Date signer	11/16/46



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#### 11232

2411	N.	Charles	St.	Baltimore
D.S. V. V.	44.	CITATION	2600	Patrilliole

CERTI	IFICATE OF DEATH Reg. Dist. No. 243
1. PLACE OF DEATH:  County Prince Georges  City or town Glenn Dale, Maryland  (If outside eity or town limits, write RURAL and give neares)  How long in above place of death? 11 days  Hospital, institution, or street address where death occurred:  Glenn Dale Sanatorium  How long in hospital or institution? 11 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. D. C. County  City or town. Washington (If outside city or town limits, write RURAL and give nearest town)  Street No. 1820 Kalorama Road, N. W.  (If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
HANNIBAL F	13HER 578-09-6411
4. Sex 5. Color or race 6.(a) Single, married, widowed, or div	orced MEDICAL CERTIFICATION 45
Male Colored Single	20. DATE OF DEATH November 16 m 19 46 at 4 b
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Feb. 3, 1910	and that I last saw h Lacalive nn
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
36 36 9 13hrs	min. Pellmanary weer enlosing 2 min
9. Birthplace Williamsburg Pennsylvan (Town, county, and atate)  10. Usual occupation Cleaner  11. industry or business	Due to.
E 12. Name Robert Fisher	Dther cooditions
a la. Birthplace Norfolk, Virginia	(Include pregnancy within 3 months of death)
14. Maiden name Josephine Ingraham 15. Birthplace Washington, D. C.	Major findings of operations
16. Informant Deceased	Antopsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Removal ta Date thereot Nov. 7. (Burial, cremation, or removal, Which?)	
Cemetery or crematory	Where did Injury occur?
Location Washington DC/	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Framer Tuneral Sono	Means of Injury Injured at work?
Address 989-12. Jave new	Phip. 23. SIGNATURE Daniel Lo Pinucare M. D. or other
19. Mor. () 19 ( ) william ().	Registrar Address & Com Dale Md. Date signed 11/16/1.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

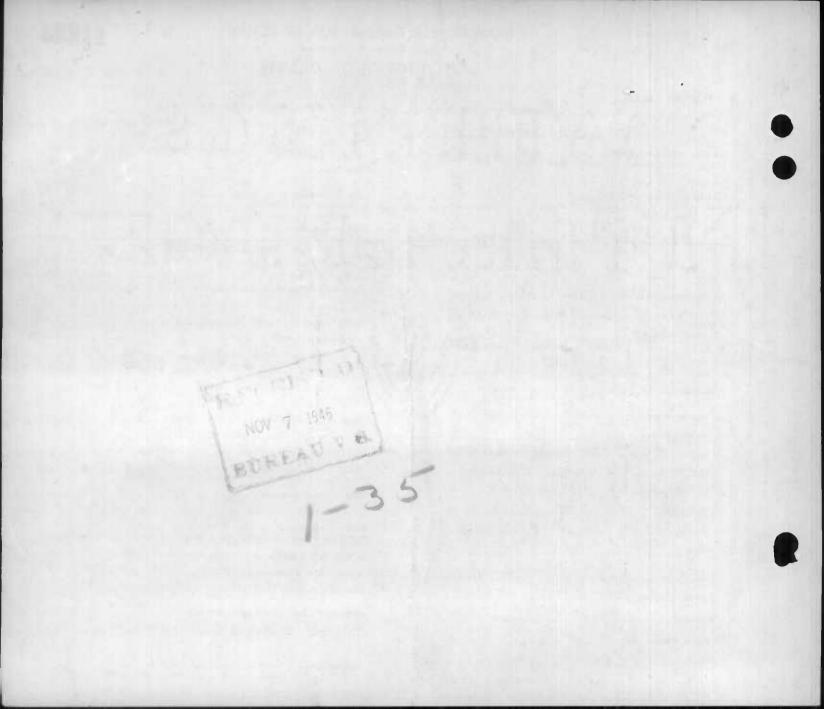
2411 N. Charles St., Baltimore 173



#### CERTIFICATE OF DEATH

\* 11233 Reg. Diet. No. 23/0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
Do- Mid.	State Maryland county Mangamens
City or town(If outside city or town limits, write RURAL and give nearest town)	Deleterate the grade
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 917 - Denouverne
	(If rural, give LOCATTON)
How long in hospital or Institution?	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Robert Joseph Transunfield	
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. W. Married	20. DATE OF DEATH November 5 18.46 21 9.45. AM
and while	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or vice	
7. Birth date of	and that I last saw halive on19
deceased (mo., day, yr.) (lug 15, 1919	Immediate cause of death
8. AGE: Years Months Days if less than one day	Crushed chest-him-
27 2 20hrsmin.	onhage & shock. Sudden
9. Birthpiace Fostonia Oho	Due la
(Town, county, and atate)	
1D. Usual occupation	Due to
11, industry or business	
# 12. Name Carl Frankenfeld	Other conditions I rachand Jacial bones;
I 13. Birthplace Ohne	mult hac of humaning left
# Dollie Dolal	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
Z 15. Birthplace	Date of op
16. Informant Jane Vit. Iranken field	Autupsy results
Address Rock Crest ma.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Removal Date thereof DOV 5. 1946-	22. VIOLENCE: it death was due to external causes I lill in the following:
(Burial, cremation, or removal, Whicha)  Bate thereol  (month) (day) (year)	Accident, suicide, or homicide. A. C. A. C. A. C. Date of Watt. 5,11946
Cemetery or crematory Kulen Gumphrey Jumes Attil	Where did Injury occur? (City or town) (State)
Betheeda nd	injured at home, farm, industry, public place (where?)
Location I Gerala sona	Msans of Injury accordance exach Injured at work? Yes
18. Funeral director.	
Address Stallantfe MAI	Malanes .
11/5 He amanda Downey	23. SIGNATURE AS LAND WIND CONTROL OF THE CONTROL O
19. (Date fee'd by registrar) Registrar	Address Churchy Md Date signed 11-5.46



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WRITE

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

、大	131	1	23	4	
	Reg I	)ist.	No.	2	451

ODICI I I I I I I I I I I I I I I I I I I	Reg. Dist. No
1. PLACE OF DEATH GEO CO	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  (For newborn infants give residence of mother)
City or town	State
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 25. N Lelman St  (If rural, give LOCATION)
How long in hospitat or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME Viola B. Freund	3. (b) Social Security Number
1. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Lemale white widowid	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE
6.(b) Name of husband or wite Charles Freund	21. I Patrick that death occurred on the date above stated; that I attended deceased from 19. 4 L., to
7. Birth date of deceased (mo., day, yr.) March 24. 1867	and that I last saw M
8. AGE: Years Months Days It less than one day	Carriera of the
9. Birthplace	Due to Mess T
10. Usual occupation	Due to
12. Name Russell 14 Better  13. Birthplace melmore this	Other conditions
14. Maiden name ann Elizabeth Bretz  15. Birthplace melmore ohio	(Include pregnancy within 8 months of death)  Major findings of operations
15. Birthplace melmore ohio  16. Informant Russell N. Shade	Autopsy results.
Address Styattarille Ind	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremotion, or removal. Which?)  (Burial, cremotion, or removal. Which?)  (Burial, cremotion, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory  Location Slayton Ohio	Injured at home, tarm, industry, public place (where?)
18. Funeral director & Sasetà sons	Means of Injury Injured at work?
Address Januariae de la Maria de Severo	23. SIGNATURE M. D. or Street 4. M. D. or Street 4/4
(Date rec'd by registrar)	Addres



2-2450-1-10

#### CERTIFICATE OF DEATH

Dist. No. 243

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Prince George's	- 0
City or town (rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest to	Tife -1. f1
How long in above place of death? 2 yrs. 11 mos. 2 days	City or town
Hospital, Institution, or street address where death occurred:	Street No. 607 - 4th St. N. W.
Glenn Dale Sanatorium	(If rural, give LOCATION)
How long in hospital or institution? 2 yrs., 11 mos., 2 d	ays 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
PAUDINO, GASI	MFN. 578-10-9513
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorces	MEDICAL CERTIFICATION
Male Filipino Divorced	20. DATE OF DEATH No Jesuber 26 the 19 46 at 7 34
6.(b) Name of husband or wife Rose Gasmen Calpo	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1943 10 Nov 2660 1946
7. Birth date of Tana 20 3030	and that I last saw h &cusalive on Mux 26 to 19.46
deceased (mo., day, yr.) June 20, 1910  8 A.G.E. Years   Months   Days   If less than one day	Immediate cause of death
o. Ada.	1
36 5 6hrs.	min. Villmonary Meerculous 341.8 VV
9. Birthplace Narvacan, Philippine Islands (fown, county, and state)	Dug to.
II lanes	Juliendon Cervical adentis 1410 m
10. Usual occupation. Hacker	Topleculous of Right Hip 14 FM
11. Industry or business	Julieculoses of Seft top 10 M
Tgaacio Gasmen  12. Name Tgaacio Gasmen  13. Birthplace Philippine Islands	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Primitiva Gasmen 15. Sirthplace Philippine Islands	
15. Sirtholace Philippine Islands	Major findings of operations
Donadout	Date of op.
16. Informant Decedent	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address A. / 0/	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremstion, or removal, Which?)  Bate thereof (month) (day) (y	7716
	, and
Cemetery or crematory	Where did Injury occur?
Location washing in DC.	Injured at home, farm, Industry, public place (where?)
18 Funeral director James T. Ryan Incorp	Means of Injury Injured at work?
(Mand 12 Ch	0.000
Address Wash and a color	23. SIGNATUREX / anel 60 + mucane MX
19/ Nov 26, 19 46 Kowlands. Pl	where Il 26/46
(Date rec'd by registrar)	Registrar Address

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly

PLAINLY, WITH

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#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baftimore 93-20

Reg. Dist. No. 230

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OFDETT	TOATE	OT	TO THE A PERSON	
CERTIF		1 1 14		-

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
Inother Jesses Dead Horne	Sirssi No
How long in hospital or institution?	2.(a) It veteran, nams war
3. (a) FULL NAME Engly augusta Leage.	3. (b) Social Security Number
4. Sex 5. Color or roce 6.(a) Single, married, widowed, of divorced while while widow	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that doubt occurred on the date above stated; that I attended doceased from
7. Birth date of years	and that I last saw b. I.A. alive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION  LINESIE HULLER COME Service  Se
B. Birthplace Rest Tosk cut (Town, county, and state)	Due to Chattan of chines Share
1D. Usual occupation	Dus to Similary Service
12. Hame Samuel Mage 13. Birthplace Reev york	Dither conditions
14. Maiden name Emily Dedell 15. Birthplacs	(Include pregnancy within 8 months of death)  Major findings of operations
	Dats of op.
16. Informant Jelles Micey Burges	Autopsy resulta
Address Legglad Hallaselle Incl  17 Statistical Simulal Bato thereof Kin 26 1946 (Burial, cremation, or removal, Which?)  Bato thereof (month) fday) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or cramatory	Whore did injury occur?
Location 254 Carrall St. Lakoma Pork & 6	tnjured at homo, farm, industry, public place (where?)
18. Funeral director . Arthur Vallus	Means of Injury Injured at work?
Address 254 Carwel Rf. Dakoma Park DC.	11.000 4.00 in
19. Non -24th 1946 Johns D. Smith (Date rec'd by registrar)  Registrar	Address Banna W Bate signed 1/1/2 4/46

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

#### CERTIFICATE OF DEATH

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Reg. Diat. No. 45/

1. PLACE OF DEATH: Les Ex	2. USUAL RESIDENCE (HOME) OF DECEASED:
Galacia hand mi	State County Oro See Co
City or town.  (If outside city or town limits, write RURAL and give mearest town)  How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 3410-40 are
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Edith & Green	3. (b) Social Security Number
4. Sex   5. Color or race   8.(a) Single, married, widowed, or divorced   Tharried	20. DATE OF DEATH. Horsen leer 22 19 46 1: 45
6.(b) Name of husband or wife Harry Drew	21. I CRT) FY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) warch 20, 1880	and that I last saw harmalive on Hopein Bar 2/ 19.00
8. AGE: Years   Months   Days   If less than one day	Immedia: ause of death OURATION
66min.	Cahal Sina
3. Birtholace new York	Oue to.
(Down, county, and staye)	
10. Usual occupation.	Oue to
11. Industry or business	
12. Name	Other condition
13. Birthplace entention  14. Maiden name Infantion	(Include pregnancy within 3 months of death)
14. Maiden name Information  15. Birthplace Inkenown	Major findings of operations.
16. Interment Harry Green	Autopsy results.
Address Colman mand Ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Buriar, cremation, or removal. Which?)  Oate thereof Mov. 24, 1946 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Much House Cam	Where did Injury occur?
Location Brogge Tals 9	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Maans of Injury Injured at work?
Address Hyallsvelle med	11/1/201 A Trought
11/20 11 12 1 (1)	23. SIGNATURE
19. (Date/rec'd by registrar) Registrar	Addy 4/- Wol 1 6-Ub of 100 9 5 the signey 102 23/18



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#### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 20,-2

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1. PLACE OF DEATH: County Rines George County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newtorn Infants give Systems of mother)
D 2 // _ /	State Pratrict flower Comy
City or town (If outside city or town limits, write BUHAL and give nearest town)	City or town
How long in above place of death?	(If outside city or town limits, write 16Utys Thad give nearest town)
Prince deorge's Den Hosp.	Street Ro. (If rural, give LUCATION)
How long In hospital or Institution? 5 minus tes	2.(a) If veteran, name war.
3.(a) FULL NAME HORRIS, ALICE MISS	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
former W Sing &	20, DATE DE DEATH. 8 19 4 6 at 1 3 97 h
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age years	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) A 903 / 18. AGE: Years   Months   Days   If less than one day	Immediate cause of death
3 9	Johann
8.0	300
9. Birthplace (Town, county, and state)	Oue to Sur touch
10. Usual occupation hove	meure.
11. Industry or business	Due-fo.
	Other conditions make luke carlo
12. Name Wars 13. Birihplace was also de la constant de la constan	
	(Include pregnancy within 3 months of death)
14. Maiden name Land trade	Major findings of operations.
	Oate of op.
16. Informant DRd ther - Deorge HORRIS	Autopsy results
Address 55/5- Morehand have Delhesda	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Which)	Accident, suicide, or homicide
(Jan 2) (1)	Where did injury occur?
Cemetery or crematory	
Location Surland D. Wash.	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
18. Funeral director. W. Chambles to	less I he should be
Address 3072 Most. N.W.	as CONTRACTOR OF THE CONTRACTO
11/9 . He Umanda / James	23. SIGNATURE M. D. or other
(Date fee'd by registrar)  19. Te was a Sturied Registrar	Address the slill the signed 11-9-46

RECT: 1 ED | FRUNTAUVE 1-35 2411 N. Charles St., Baltimore

11239

D: .	W.T.	2	4	3	1

#### CERTIFICATE OF DEATH

1. PLACE OF DEA	George's			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town Orurs	1) Glenn taide eity or town li		Maryland URAL and give nearest town)	State D. C. Washington			
How long in above place of Hospital, Institution, or a Glenn How long in hospital or	Dale Sana	torium	***************************************		• W.• ve LOCATION)		
3. (a) FULL NAME		LLIAN	1 /1	US	3. (b) Social Security Number 709 -12-4642	2	
4. Sex Male	5. Color or race Colored		e, married, widowed, or divorced	MEDICAL C	CERTIFICATION  2 19.46 11.5:	40 P.	
7. Birth date of		6.(	c) If alive, give ageyeare	21. I CERTIFY that death occurred on the date s	shovs stated; thal I attended discessed from 9. 46, to Nov. 2	9.46	
deceaeed (mo., day, yr. 8. AGE: Years	Months	Daye	It less than one day	Immediate cruse of death.	bereulreis 6	RATION 1100,	
9. Birthplace	Car Cle	aner Compa ins	ny	Due to			
	Margaret Charles	Green		(Include pregnancy within			
16. Interment De	cedent	•••••		Actopsy results			
(Burial, cremation, Cemetery or cremator)	MA C	Date there	(month) (day) (year)	22. VIOLENCE: If death was due to external causss, till in the following;  Accident, suicide, or homicide			
Location	enn S.	Vush	ugtor & Sons C	Injured at home, tarm, industry, public place Meane of injury	(whers?)	***********	
HAT N. St. NW. Addrees  19	Washing 2,1946	Rou	Land S. Philips Registrat	23. SIGNATURE A MANUEL S. Address Dale	D. Finycane M. D. or other M. D. or other M. Date eigned 11/2/	D 146	

ADING INK. Supply every item of information carefully. The correct age. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNF. is especially important. PLEASE A15

NOV 16 1948 BUREAT V B.

2-2430

2-10

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE

MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

CERTIFICAT	E OF DEATH Rog. Diat. No. 242
County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanta give residence of mother)  State. County Count
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Glneva Hende	3. (b) Social Security Number
4. Sex 5. Color or rice 6.(a) Single, married, widowed, or divorced Teurole Colored manage	MEDICAL CERTIFICATION  20, DATE OF DEATH. Noneulu 19, 19, 46, 21, 3 PM
8.(b) Name of husband or wife Clarence & New Slusin  8.(c) It alive, give age 5 6 years  7. Birth date of decaced (mo., day, yr.) Felway 27, 1891	21. I CERTIFY that death occurred on the date above etated: that I attended deceased from  19
8. AGE: Years Months Daye tf less than one day  55 9. 2	heart farmel
9. Birthplace	Due to.
12. Name	Other conditions
16. Informant believe	Major findings of operations.  Date of op.
Addrese 18 W. Flo (and M. Moole)  11. 19 (Burial, cremation, or removal, Which?)  Bate thereof. (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
Cemetery or crematory Harmony Cemetery  Location Washington RC	Where did injury occur?
18. Funeral director Bury S. Washingtono	Meane of Injury Injured at work?  Particular to the control of the
19. Dec. 1 19.46 Carrie 7 Campbell (Date ree'd by registrar) Registrar	Address Ades Ville Vipate signed 1.1.29.46



1-35

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9320

#### CERTIFICATE OF DEATH

11241

	Rog. Dist. 110.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County January Large Affectif	(For newborn infants give residence of mether)
City or town. (If outside city or tewn limits, write RURAL and give nearest town)	State County County
$\boldsymbol{q}$	City or town Comments of the C
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Elevere Leland Missocial Loop.	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
1/ 1 7/	3. (b) Social Security Number
4. See   \$ Color or race   B.(a) Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
F white single	20, DATE OF DEATH Trouber 21 19 46 at 2 a M
0 (b) Name of historial or miles	21. I CEBTIFY that death occurred on the date above stated; that, I attended deceased from
6.(b) Name of husband or wife	nov. 120 1946, 10 100 21 1046
7. Birth date of	and that I last saw h. L. alive on
deceased (mo., day. yr.) March 21, 1861	Immediate cause of death Analysis Clerotic DURATION
8. AGE: Years   Months   Days   If less than one day	
85 8hrsmin.	Theart dreess
Minia	Columnation of all the market
9. Birthplace	Due 10.
10. Usual occupation	
11. Industry or business	Due to
12. Name William Hornard Hendron  13. Birthglace Vorfolk Piracue	Other conditions A AMALIANA CONTRACTOR OF THE CONDITION O
al 13. Birtholace Korfolk urgenea	(Include pregnancy within 3 menths of death)
E 14. Maideo name Mess Henritto aughan	
15. Birthplace	Major findings el operations.
P. C. A. Mary to Record	Date of op.
18. Informant August Au	Autopsy results
Address Friendelle ma	22. VIOLENCE: If death was due to external causes, filt in the following;
17 Direct Date thereof NOV & 3-46	
(Burtal, cremation or removal. Which?) (month) (day) (year)	Accideof, suicide, or homicide
Cemetery or crematory	Where did lojury occur?
Location acrells villo - 24 d	trijured at home, farm, industry, public place (where?)
Mullio B Dalla	Means of Injury Injured at work?
18. Funeral director	0,1411
Address 2 derles Mill 70810	23 SIGNATURE Develoud + Nepuson MA
11/21 146 (huras das a pours)	M, D, or ether
(Date rec/d by registrar) Rogistrar	Address Date algred 1.21-46
you served	Rundall, The

NOV 26 1946
BUREAT V 8.

11242

#### CERTIFICATE OF DEATH

			2431	
-	Dist	No.	2101	

			2411 N. Ch	rles St., Baltimore	
			CERTIFICA	TE OF DEATH Reg. Dist. No. 2431	
City or town(X)(12 (12 How long in above plac Hospital, institution, o	e George's al) Glenn I outside city or town lie e of death? 16 r street address where d Dale Sanat or Institution? 16	Dale, Inits, write R days death occurred corium	Maryland URAL and give nearest town)  HULET T	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State D. C. County  Washington  (If outside city or town limits, write RURAL and give nearest town)  Street No. 435 Ridge St. N. W.  (If rural, give LOCATION)  2.(a) If veteran, name war  3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	Colored	Si	ngle	20. DATE OF DEATH NOV- 7 19 76 21 1:10 A	4. m
11.	3/	6.(0	) If alive, give ageye	and that I last eaw h. I. 1995 alive on	6
8. AGE: Year 19	s Months	Days 29	If less than one day	Immediais cause of death DURATION 2 me	
10. Usual occupation.	Helper o	n truc	tate)	Due fo	
13. Birthplace	Washington	1, D. C		(Include prognancy within 3 months of death)	_
14. Maiden name	Washingto	n, D.	C.	Major findings of operations	
16. Informanf	Deserve	-		PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	n, or removal. Which?)		(month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Location	Henry S	Was	hington+So	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?	
Address 46	v - 7 19 46	Rou	claved S. Phili	23. SIGNATURE DANGE DALE MAD. Date signed 11/7/46	K

NOV 16 1945

2-2430

x = 10

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-10

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Prince Georges	(For newborn infants give residence of mother)
City or town(If outside city or town limits, write RURAL and give nearest town)	State / Maryland Coyoty & Jalunou
	City or town (If outside city or town limits, write RURAL and give nesrest town)
How long in above place of death?  Hospital, Institution, or street address where #94th occurred:	
Kace Trock	Street No. (If rurai, give LOCATION)
How long In hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3, (b) Social Security Number
John Bosle	y Hutchine
4. Sex 5. Color or rage 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male whith Alimed	20. DATE OF DEATH November 27 1846 of 2 3P.
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	21. 1 CENTIFF That death occurred on the date above stated, that I attended deceased from
7. Birth date of	ars
deceased (mo., day, yr.) Let 18, 1886-	and that I last saw halive on
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
(60 min.min.min.min.min.min.min.min.min.min.	n. Los F Jackson
7010-11	Or all and read
9. Birthplace(Towns county, and state)	Due to
10. Usual occupation 7 annex	
10. 0000	Due to
11. Industry or business	
12. Name Velle Hartelinis 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
E 14. Maiden name Lawa Looley	
W 15. Birthplace many	Major findings of operations
1.00.	
16. Informant	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address months ud	22. VIOLENCE: tt death was due to external causes, till in the tollowing:
17 Burial Date thereof Llec 2, 7946	Accident, sutcide, or homicide
(Burial, cremation, or removal, Which?)	Additional and an institution of the state o
Cemetery or crematory	Where did injury occur?
Location monkly	Injured at home, tarm, industry, public place (where?)
I Jasens sons.	Msans of Injury Injured at work?
18. Funeral director	" Alequely medical yours
Address Nyallsville 1916	- 23. SIGNATURE Occupied I Lond
11/28 . Ho Umenda NAMA	M. M. or other
(Dat rec'd by registrar) Registrar	Ar Address

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MARGIN RESERVED FOR BINDING

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-0

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH: Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
	Mal listen to be enseign
City or town	State County County Nava County
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
200	(If rural, give LOCATION)
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
12ensamin War 1	ahnson
4. Sex 5. Color drace 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Married	20. DATE DE DEATH Mevember 29 19 46 at 12 10 M
8,(b) Name of bushood or wife Mary E. Johnson	21. I CERTIFY that death occurred on the date above stated; that taltended deceased from
6.(c) If allve, give age . 5 2 years	Cybrit 3 1946 to por 29 1948
7. Birth date of	end that I last saw h AM alive on 100 29 19.4.9
deceased (mo., day, yr.)   COUNTY   C 3   16   16   16   16   16   16   16	Immediate cause of death DURATION
82 0 4hrsmin.	Confusion Thomas
naylar - md	Talwa
9. Birihplace (Town, county, and state)	Due to
18. Usual occupation Laborer	My a con of lin 1 am
11. Industry or business Same	Due to
	Other conditions Conternos clerosis 10 5 4
12. Name - Del de la	other conditions
# Later of Maria	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations. Royl
15. Birthplace	
18. informant Derfammen M. Burnon	Autopay results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Croome Halion - Ma	
17 Bureal Date thereof Dec 2 1946	22. VIOTENCE: If death was due to exiernal causes, fill in the following:  Accident, suicide, or homicide
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	
Cemetery or crematory	Where did injury occur? (City of town) (County) (State)
Location Add Add Add Add Add Add Add Add Add Ad	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of injury Injured at work?
Address Amaraga Julet	O Lead of
STORE WITH	23. SIGNATURE M. D. or other
(Data rec'd by registrar) Registrar	Address When Marlforo Date signed 11-29-4

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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8740

#### CERTIFICATE OF DEATH

and to		. 11
	No. 24	2
Rog. Diat.	No	

1. PLACE OF DEATH:  Committee of the com			
State Month of the Country of the Co		2. USUAL RESIDENCE (HOME) OF DECEASED:	
Rev beg in above the centre of white in the control of the control	County Day Leavy		
The base is above place of death?  See the service with the service se	(If outside city or town limits, write RURAL and give nearest town)	State V Van Land County VV And Jumery	0000001
Registral partitions, or treat address where death occupred:    Sirect Re.   Scott or treat   Scott or treat		City or town (If outside city or town limits, write RURAL and give nearest town)	******
Rew loog in hospital or institution?  2.(a) It reteres, name war  3. (b) Social Security Number  3. (c) Social Security Number  4. Sect  5. Color or race  6. (c) Single, marries, videored, or divorced  W		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3. (a) FULL NAME  4. Set	deland Memorial Horrison		/
4. Sex 5. Color or race 16.(a) Single, married, wideved, or directed W. W. W. Country of the death occurred on the date above states; that it alreaded deceased from 21. I CENTER but death occurred on the date above states; that it alreaded deceased from 19. He was an of that I leave the country on the date above states; that it alreaded deceased from 19. He was an of that I leave the country on the date above states; that it alreaded deceased from 19. He was an of that I leave the country on the date above states; that it alreaded deceased from 19. He was an of that I leave the country on the date above states; that it alreaded deceased from 19. He was an of that I leave the country on the date above states; that it alreaded deceased from 19. He was an of that I leave the country on the date above states; that it alreaded deceased from 19. He was an of that I leave the country on the date above states; that it alreaded deceased from 19. He was an of that I leave the country on the date that I leave the country of th		2.(a) 11 veleran, name war	
MEDICAL CERTIFICATION  8. (b) Name of hurband or wife.  8. (c) Haire, give age.  9. Birthplace of deceased (man, day, yr.)  9. Birthplace of hurband or wife.  10. Usual occupation.  11. Indicator for husberts  12. Name  13. Birthplace  14. Maiden name.  15. Informant Again, cremation, or removal. Which in Dale thereof.  15. Informant Again, cremation, or removal. Which in Dale thereof.  15. Informant Again, cremation, or removal. Which in Dale thereof.  15. Informant Again, cremation, or removal. Which in Dale thereof.  16. Indicator for husberts  17. Informant Again, cremation, or removal. Which in Dale thereof.  18. Informant Again, cremation, or removal. Which in Dale thereof.  18. Informant Again, cremation, or removal. Which in Dale thereof.  18. Informant Again, cremation, or removal. Which in Dale thereof.  18. Informant Again, cremation, or removal. Which in Dale thereof.  19. Informant Again, cremation, or removal. Which in Dale thereof.  19. Informant Again, cremation, or removal. Which in Dale thereof.  19. Informant Again, cremation, or removal. Which in Dale thereof.  19. Informant Again, cremation, or removal. Which in Dale thereof.  19. Informant Again, cremation, or removal. Which in Dale thereof.  19. Informant Again, cremation, or removal. Which in the Information.  19. Information Again, cremation, or removal. Which in the Information and the Country Informatio	3. (a) FULL NAME	3. (b) Social Security Number	
MEDICAL CERTIFICATION  8. (b) Name of hurband or wife.  8. (c) Haire, give age.  9. Birthplace of deceased (man, day, yr.)  9. Birthplace of hurband or wife.  10. Usual occupation.  11. Indicator for husberts  12. Name  13. Birthplace  14. Maiden name.  15. Informant Again, cremation, or removal. Which in Dale thereof.  15. Informant Again, cremation, or removal. Which in Dale thereof.  15. Informant Again, cremation, or removal. Which in Dale thereof.  15. Informant Again, cremation, or removal. Which in Dale thereof.  16. Indicator for husberts  17. Informant Again, cremation, or removal. Which in Dale thereof.  18. Informant Again, cremation, or removal. Which in Dale thereof.  18. Informant Again, cremation, or removal. Which in Dale thereof.  18. Informant Again, cremation, or removal. Which in Dale thereof.  18. Informant Again, cremation, or removal. Which in Dale thereof.  19. Informant Again, cremation, or removal. Which in Dale thereof.  19. Informant Again, cremation, or removal. Which in Dale thereof.  19. Informant Again, cremation, or removal. Which in Dale thereof.  19. Informant Again, cremation, or removal. Which in Dale thereof.  19. Informant Again, cremation, or removal. Which in Dale thereof.  19. Informant Again, cremation, or removal. Which in the Information.  19. Information Again, cremation, or removal. Which in the Information and the Country Informatio	telinon D. Karstin		
8. (b) Hame of hurband or wife.  8. (c) Haire, give age.  9. Birth death occurred on the date above stated; that I attended deceased from deceased (os., day, rr.)  9. Birthplace.  10. Usual occupation.  11. Indicator or business  11. Indicator or business  12. Hame.  13. Birthplace  14. Maideen name.  15. Informant.  16. Maideen name.  17. Birthplace  18. Action of the submitted of the submitte	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
8. (b) Rame of herband or wife.  2. 1. I CRTIEF that death occurred on the date above stated; that I attended deceased from Caccade (so., day, yr.)  8. AGE: Yearn Blooks Days If less than one day  10. Sund occupation.  11. Industry or business  11. Industry or business  11. Sinthplace  12. Name.  13. Birthplace  14. Major findings of operations.  15. Sinthplace  16. Sinthplace  17. Sinthplace  18. Address Comment   Address   Address	F W, widowed	20 DITE DE DEATH SOAD TO LIST	P.
T. Birth date of deceased (mo., day, yr.)  8. AGE: Years Blochs Days If less than one day  19. How the second of t	doscopos		
7. Birth dale of deceased (no., day, yr.)  8. AGE: Years Mooths  Day: If less than one day    House	6.(6) Name of husband or wife.		Ula
8. AGE: Years Mooths Bays If less than one day  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maideen name.  15. Sirthplace  16. Informant  16. Informant  17. Modern or removal. Whichit)  18. Funeral director.  19. Date thereof.  10. Usual occupation.  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maideen name.  15. Sirthplace  16. Informant  17. Modern or removal. Whichit)  18. Funeral director.  19. Date thereof.  19. Date thereof.  19. Date thereof.  10. Usual occupation.  10. Usual occupation.  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maideen name.  15. Sirthplace  16. Informant  17. Modern or removal. Whichit)  18. Funeral director.  19. Date thereof.  19. Date thereof.  10. Usual occupation.  10. Usual occupation.  10. Usual occupation.  10. Usual occupation.  11. Industry operation.  12. Violence: It death was doe to externel causes, fill in the tellowing:  18. Funeral director.  18. Funeral director.  18. Doe other  19. Date of operation.  19. Date of operation.  19. Date of operation.  20. Violence: It death was doe to externel causes, fill in the tellowing:  19. Date of operation.  21. Occupation.  22. Violence: It death was doe to externel causes, fill in the tellowing:  22. Violence: It death was doe to externel causes, fill in the tellowing:  22. Violence: It death was doe to externel causes, fill in the tellowing:  22. Violence: It death was doe to externel causes, fill in the tellowing:  22. Violence: It death was doe to externel causes, fill in the tellowing:  22. Violence: It death was doe to externel causes, fill in the tellowing:  23. Signature:  24. Date of operation.  25. Date of operation.  26. Date of operation.  27. Violence: It death was doe to externel causes, fill in the tellowing:  28. Date of operation.  29. Date of operation.  20. Date of operation.  20. Date of operation.  20. Date of operation.  21. Date of operation.  22. Violence: It death was doe to externel causes, fill	7. Birth dale of		
8. AGE: fear Mooths  1. Birthplace County, and state)  10. Usual occupation	deceased (mo., day, yr.) Dol. 5; 18/2	0 + · · · 0 - 7 · ·	
9. Birthplace	8. AGE: Years Mooths Days If less than one day		ryn.
9. Birthpiace	7.04 ) 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		aul
10. Usual occupation   11. Industry or business   12. Name   13. Birthplace   14. Maidee name   15. Birthplace   15. Birthplace   16. Informant   16. Inform	9. Birtholaca Indiana polis, Indianna	la l	7
Due to.    11. Industry or business   12. Name   13. Birthplace   14. Melden name   15. Birthplace   15. Birthplace   16. Landown   16. Landow	(Town, county, and state)		
Dither conditions  12. Name  Authorized Programmery Within 8 months of death)  14. Malden name. Clinciudo pregnancy within 8 months of death)  15. Birthplace  16. Informant  Address  Bate of op.  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was doe to external causes, fill in the following:  (Burlal, crematory.  Cemetery or crematory.  Location  Bate of  (County)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  M. D. or other  M. D. or other	10. Usual occupation.	Due to Peneralised Sclerosis	
13. Birtholace  14. Malden name.  15. Birtholace  16. Informant.  17. Autopsy results.  PHYSICIAN: Please undertine the cause to which death should be charged statistically.  18. Comparison or removal, Which;  19. Defection or removal, Which;  19. Funeral director  Address  20. Signature  21. Manuello pregnancy within 8 months of death)  Major findings of operations.  PHYSICIAN: Please undertine the cause to which death should be charged statistically.  22. VIOLENCE: If death was doe to external causes, fill in the following;  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  M. D. or other	11. Industry or business	8	
(Include name. Classes and the second of the	12 Name Carbert P. Daggett		N.
14. Malden name.  15. Birthplace  16. Informant	\$ 13. Birtholace New Haven, ocon,		
Autopsy results.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was doe to external causes, fill in the following;  Accident, suicide, or homicide.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was doe to external causes, fill in the following;  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury injured at work?  23. SIGNATURE.	# 14 Moldan name Clina, Frost	(Include pregnancy within 8 months of death)	
Autopsy results.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was doe to external causes, fill in the following;  Accident, suicide, or homicide.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was doe to external causes, fill in the following;  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury injured at work?  23. SIGNATURE.		Major findings of operations.	
Address Better 1. PHYSICIAN: Please underline the cause to which death should be charged statistically.  17. Location Dale thereof M. M. (Burlal, cremation, or removal, Which?)  Cemetery or crematory (City or town)  Location (County)  18. Funeral director (City or town)  Means of injury injured at work?  Means of injury (May or town)  Means of injury (May or town)  M. D. or other	1) 15. Brithplace Vetto France	Date of op.	
Address (Settles of the second	16. Informant ( 2001)		
Dale thereof M. M. D. or other	Address Betterda Md. 14 # 3, P. D. Box		
Cemetery or crematory.  Location  B. Funeral director  Address  Meaos of injury  23. SIGNATURE  M. D. or other	17 Mansons Dale thereof MM 2 1946		
Injured at home, farm, industry, public place (where?)  Meaos of injury  Injured at work?  23. SIGNATURE  M. D. or other	(Burial, cremation, or removal. Which?) (month) (day) (year)		**********
18. Funeral director Injury Injured 21 work?  Address 23. SIGNATURE M. D. or other	Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)	
Address Bulliand a Maria 23. SIGNATURE M. D. or other	Location 12 sellies & any M. D.	Injured at home, farm, industry, public place (where?)	
Address Belle & A. D. SIGNATURE M. D. or other	18 Finance director 1/1 M. J. Vample	Meaos of Injury Injured at work?	
10 M.D. or other	0 411 11 11 11	Q//19/1/ 200	4
M. D. or other	Address Journal of M. O.	23. SIGNATURE	)
	19. M.D.T. 2" 19.46 Mrs. Jas. Devere)	M. D. or other	11

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## PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



2. USUAL RESIDENCE (HOME) OF DECEASED:

#### CERTIFICATE OF DEATH

Constitution of the control of the c	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or from the first of control of control of the		
Street Ro. 24  Street	City or town	
See	How long in above place of death?	, -
Row long in hospital or inestitution?  3. (a) FULL NAME  4. Set  4. Set  5. Color or race  6. (a) Single, married, widewed, or diverced  White  B. (b) Name of husband or-wise  6. (c) If alive, give age  7. Birth date of deceased (no. day, yz.)  8. AGE: Years Months  B. Row First State of Convent, and sector)  10. Usual occupation.  11. Industry or business  11. Industry or business  12. Name  13. Milden name  14. Milden name  15. Birthplace  16. Milden name  17. Milden name  18. Age of death  18. Milden name  18. Age of death  19. Milden name  19. Birthplace  19. Milden name  1		Street No. 204 PARK, BIVD, SE
3. (b) Social Security Number  Elizabeth Ann Selico Single, married, niconed, or chorced  White  B. (b) Name of husband or-nice  E. (c) If alive, give age.  B. (c) Hallow of husband or-nice  B. (d) Hallow of husband or-nice  B. (e) Hallow of husband or-nice  B. (f) Hallow of husband or-nice  B. (h) Hallow of hu		(If rural, give LOCATION)
4. Sex  4. Sex  5. Dobr or race  6. (a) Single, married, widowed, or diverced  White  B. (b) Name of husband or wide  5. (c) I alive, give age  5. Birth date of deceased (mo., day, yz.)  5. Birth date of deceased (mo., day, yz.)  5. Birth date of months  6. (c) I alive, give age  7. Birth date of deceased (mo., day, yz.)  5. Birth date of deceased (mo., day, yz.)  5. Birth date of deceased (mo., day, yz.)  6. Months  7. Birth date of deceased (mo., day, yz.)  7. Birth date of deceased (mo., day, yz.)  7. Birth date of deceased (mo., day, yz.)  8. AGE: Vers: Months  9. Birthplace Field A. S. C.	How long in hospital or institution?	2.(a) If yeteran, name war
MEDICAL CERTIFICATION  B.(6) Name of husband or-wise  B.(7) Name of husband or-wise  B.(8) Name of husband or-wise  B.(8) Name of husband or-wise  B.(8) Name of husband or-wise  Crown, county, and states  B.(8) Name of husband or-wise  B.(8) Name of husband or-wise of husband or-	3. (a) FULL NAME	3. (b) Social Security Number
E MALE White  B.(6) Name of husband or-write  B.(6) It alive, give ags part of deceased (no., day, yr.)  S. AGE: Vears Months  B. Hirbstack (no., day, yr.)  S. AGE: Vears Months  B. Hirbstack (no., day, yr.)  S. Birthstack (no., day, yr.)  S. Birth	ELIZABETH ANN MELLER	
8. (6) Name of husband or-wife	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
8. (C) If alire, give age years of death alive on Months Days If less than one day in the land of deceased (mo. day, yr.) SEPT.  8. AGE: Years Months Days If less than one day If less than one dath If less than one day If less than one dath If less than one day If less than one dath If less than one day If less than one dath If less than o	FEMALE White	20. DATE OF DEATH. MENTEN 24 19 46, 215 Tam M
7. Birth date of deceased (mo. day, yr.) SEPT.  8. AGE: Years Months Days If less than one day  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  16. Informant  17. Birthplace  17. Birthplace  18. AGE: Years Months  19. Age of the property of	B (h) Name of huckand on wife LOUIS P. KEILER	
and that I lage saw Mark.  8. AGE: Vears Months Days If test than one day  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  16. Informant  17. Lage States Sta		may 2/ 1844 10 200 24 1946
3. AGE: Years Months Days If less than one day  In Justic County, county, and state)  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  16. Informant.  17. Autopay results.  18. Informant.  19. Autopay results.  19. HAN Please underline the cause to which death should be charged statistically.  21. Violence: If death was due to external causes, fill in fine following:  18. Foneral divector.  18. Foneral divector.  18. Foneral divector.  19. Months Day (County) (County) (State)  Injured at home, farm, industry, public place (where?)  Man D. or other.  19. Months Day (County) (State)  Injured at home, farm, industry, public place (where?)  Man D. or other.  19. Months Day (County) (County)  Registers:  Regi	7 Birth date of	and that I last saw her alive on hoveenter 23 18 46
Birthplace   CTown, county, and state)   Due to		Immediate cause of death
3. Birthplace	8. AGE: Years Months Days If tess than one day	Carrinona of heart 21/4 years +
10. Usual occupation.  11. Industry or business    12. Name	61 2 11min.	7
10. Usual occupation.  11. Industry or business    12. Name	9. Birthplace Sal / E ) 5 (Rouse Bands Vo. (Town, county, and state)	Due to
11. Industry or business    12. Name		
12. Name  13. Birthplace  14. Malden name  15. Birthplace  18. Intermant  Address  204  Bake Blvo SiverHill  17. (Burial, cremation, or removal, WhichD)  Cemetery or crematory  18. Funeral divector  18. Funeral divector  19. May Siver Hill  10. Chartered by registrar)  10. Chartered by registrar)  11. Chartered by registrary  12. Vinclude pregnancy within 3 months of death)  Major fiadiugs of operations.  (Include pregnancy within 3 months of death)  Major fiadiugs of operations.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due fo external causes, fill in the following:  Accident, subcide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Magne of Injury  19. May Signature  M. D. or other  Registrar  Address.  Bate signed Mill  24. May Signature  M. D. or other  Registrar  Address.  Bate signed Mill  24. May Signature  M. D. or other  Maddress.  Bate signed Mill  24. May Signature  M. D. or other  Maddress.  Bate signed Mill  24. May Signature  M. D. or other  M. D. or other  M. D. or other		Due to
14. Malden name (Include pregnancy within 3 months of death)  15. Birthplace Saltinoge Mark Sive Sive Hill Me  Address 204 Rark Sive Sive Hill Me  17. (Burial, cremation, or removal, Which)  Cemetery or crematory To Mark Sive Sive Address Mark Sive Sive Sive Sive Sive Sive Sive Sive		
14. Maiden name	12. Name - DEORGE HEAD	Other conditions
14. Maiden name	Z 13. Birthplace VIRGINIA	
Address 204 PARK Blvo Silver Hell Me  17. Bate fhereof Month (day) (year)  Cemetery or crematory To Park Blvo Silver Hell Month (day) (year)  Location Address Month Mark Bloom (month) (day) (year)  B. Funeral director Mark Bloom (Month) Mark Bloom (Date of Injury occur? (City or town) (County) (State)  18. Funeral director Mark Bloom (Month) Month Bloom (Month) Mark Bloom (Month) Mark Bloom (Month) Mark Bloom (Month) Mark Bloom (Month) Month Bloom (Month	# 14. Malden name MARY A Riley	
Address 204 PARK Blvo Silver Hell Me  17. Bate fhereof Month (day) (year)  Cemetery or crematory To Park Blvo Silver Hell Month (day) (year)  Location Address Month Mark Bloom (month) (day) (year)  B. Funeral director Mark Bloom (Month) Mark Bloom (County) (State)  18. Funeral director Mark Bloom (Month) Month Bloom (Month) Mark Bloom (Month) Mark Bloom (Month) Mark Bloom (Month) Mark Bloom (Month) Month Bloom (Month) Month Bloom (Month) Mark Bloom (Month) Month Bloom (Month)	15. Birtholace BaltimapE MD	
Address 204 PARK Blvo Silver Hell Me  17. Bate fhereof Month (day) (year)  Cemetery or crematory To Park Blvo Silver Hell Month (day) (year)  Location Address Month Mark Bloom (month) (day) (year)  B. Funeral director Mark Bloom (Month) Mark Bloom (County) (State)  18. Funeral director Mark Bloom (Month) Month Bloom (Month) Mark Bloom (Month) Mark Bloom (Month) Mark Bloom (Month) Mark Bloom (Month) Month Bloom (Month) Month Bloom (Month) Mark Bloom (Month) Month Bloom (Month)	Elizabenik multicas	
17. Gurial, cremation, or removal. Which?)  Cemetery or crematory  Location  Location  Address  Address  19. 19. 19. 4. Armund  City or general causes, in in the location was due to external causes, in in the location mass due to external causes, in in the location mass due to external causes, in in the location mass due to external causes, in in the location mass due to external causes, in in the location mass due to external causes, in in the location mass due to external causes, in in the location mass due to external causes, in in the location mass due to external causes, in in the location mass due to external causes, location mass		PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  Location  Address  Address  19.46  Address  (County)  (County)  (County)  (County)  (County)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Meene of Injury  23. SIGNATURE  M. D. or other  (Date rec'd by registrar)  (County)  (State)  Injured at work?  Address  M. D. or other  Registrar  Address  Address  Address  Address  Address  Address  Date signed  Address  Date signed  Address  Address	0' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	22. VIOLENCE: If death was due fo external causes, fill in the following;
Cemetery or crematory    Country   C	(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
18. Funeral director  Address  19. 10 1 19 1 19 1 19 1 19 1 19 1 19 1 1		Where did injury occur?
18. Funeral director  Address  19. 10 1 19 1 19 1 19 1 19 1 19 1 19 1 1	LOUIS FALLS CHUPCHII. VIRQUANCE	Injured at home, farm, Industry, public place (where?)
Address 1456 Penna are, M. H., Masker C. 23. SIGNATURE are Caura and M. D. or other (Date rec'd by registrar)  19.46 Struck Deach Registrar Address 2522. Pa. we, 22 Bate signed 11/24/46	Lacell W. C. V. Car	Meene of Injury Injured at work?
19. Nov. 25 1946 Address 2522. Pa. We, 28 M. D. or other (Date rec'd by registrar)  Registrar Address 2522. Pa. We, 28 Bate signed 11./24/46	1B. Funeral director.	
19.101 25 1946 Strund & Deale Address 2522. Pa. We, DE Bate signed 11/24/46	Address 1756 Henna Gre. M. H. Masket	23. SIGNATURE Cures Clawood 13 N
(Date rec'd by registrar) Registrar   Address Date Signed Miles	19 hor 25 1946 Symund & Brace	- 7(5) P. une DE 1,1/46
	(Date rec'd by registrar) Registrar	

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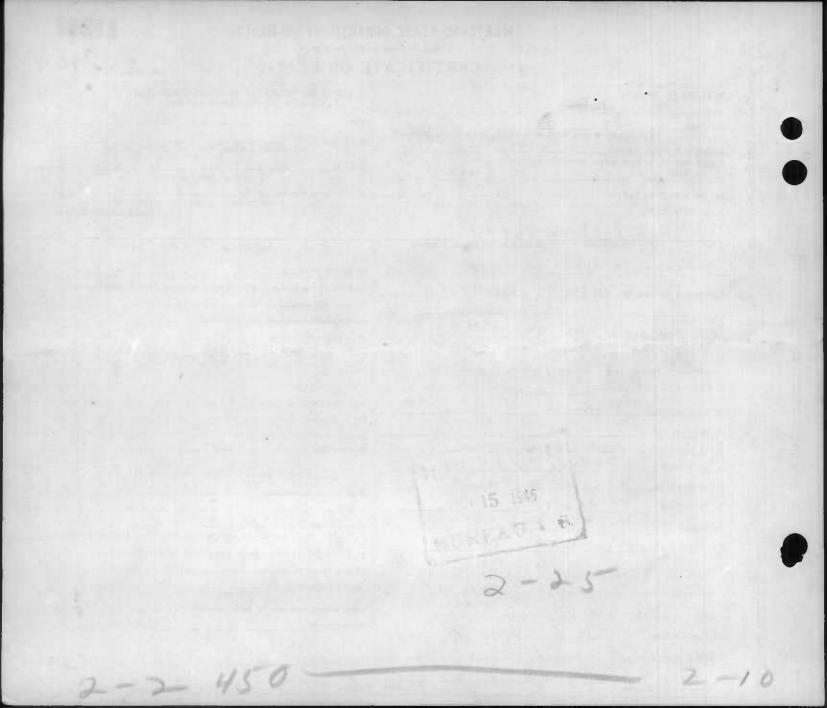
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

## 11247 Reg. Diat. No. 245/

#### CERTIFICATE OF DEATH

OUNTY PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Olty or town	State
DETER JOHN KIRCHNER	3. (b) Social Security Number
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  MALE WHITE MARRIED  3.(b) Name of husband or wife MATRHAM BOSHER  6.(c) It alive, give age years  1. Birth date of deceased (mo., day, yr.) FEB. R4, 1864	MEDICAL CERTIFICATION  20. DATE DF DEATH
B. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION  Topic by production 3 minus
9. Birthplace GERMARY  (Town, county, and atate)  10. Usual occupation BAKER  11. Industry or business  12. Name JACOB KRCHINER  13. Birthplace GERMARY  14. Maiden name VERCING STENGER	Due to
15. Birthplace QRMARY  18. Informant HosP.	Major findings of operations
Address SACRED HEART JOME.  17. Date thereof Mov. 11. 1946.  (Burial, cremation, or removal. Which?)  Cemetery or crematory Collymbia Sandship  Location Collington Da.  18. Funeral director Muffigure Translated	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
19. Nov. 8 19 46 mo Jas School Register	23. SIGNATURE TO A SAFE. She M. D. or other  Address 4 00 - 22 4 5 Date signed 1 5 5 5 6.



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-0

#### CERTIFICATE OF DEATH

Reg. Dist. No. .....

11248

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For nawborn infants give residence of mether)  Stale
3. (a) FULL NAME EMMA Lon	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced  Fernale White 5 angle	MEDICAL CERTIFICATION  20. DATE OF DEATH MOVEMBER 29 19 46 at 9 AM
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated; that I atlended deceased from    Market   1936   10   10   1946     Indicated   1946   1946   1946   1946     Immediate cause of death   DURATION   3   7006     Dun to Selected   13   1946     Due to Selected   14   1946     Due to Selected   15   1946     December   1946     December   1946   1946     December   19
14. Maideo name Namak Oldfeller  15. Birthplace 41 many  18. Informant Samularum Russeller	(Include pregnancy within 8 months of death)  Major findings of eperations
Address Address Date thereof (Burlat, cremetics, or romanal Which?)  Cemetery or Location Date thereof (Day) (year)  Location Date in Communication of the C	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicido, or homicide
18. Fuoral direction of the second of the se	23. SIGNATURE John L. William D. or other Address Lessen Sangarus Date signed 11/2 9/46

PLEASE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3/2

	1	1249
Reg.	Dlat.	Ng 23 /

CERTIFICAT	E OF DEATH Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  City or towa  (If outside city or town limits, write RURAL and give neglect town)  Street No.  (Prural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME, Lyles	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Teur Calored Wedowed	MEDICAL CERTIFICATION  2D. DATE OF DEATH 2/0 - 25 18 46 21 2 A M
6.(b) Name of hueband or wife Tauta Tyles  6.(c) If alive, give a — yeare	21. I CERTIFY that death occurred on the date above etated: that I attended deceased from 19. 46., to 24.03. 2.3. 19. 46.
7. Birth date of /8 / / July " willing"	and that I last saw h Vallet on
8. AGE: 18 S Worth Days If less than one day	super deal failure this.
8. Birthplace II Mary lo . M. de.	Recubbishase when
10. Usual occupation Norwall 11. Industry or business Own 75 Coul.	Due to General arthruselevin
12. Hame Zulluow  13. Birthplace Zulluow	Other conditions  (Include pregnancy within 8 months of death)
14. Maiden name Delie Halley  15. Birthplace St Warys Co Jug	Major findings of operations.
16. Informant forces Hothers Afflet	Antopsy results
Address Securion Date thereof Month (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
18. Funeral director Bosnes + mallheurs	Meane of Injury Injured at work?
Address 614-4" 86, S.W. Wash, 4, De	- 23. SIGNATURE Pare Colan Hallo
19 How 25 19 46 Mrs. Ullon Wave (pate rec'd by registrar) Registrar	Address Washington 19 Date eight ON 25



# PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Prince Georges	
City or town Glenn Dale, Maryland (If outside city or town limits, write KURAL and give nearest town)	State D. C. County  City or town Washington
How long in above place of death?10months., 20 days	(If outside city or town limits, write RURAL and give nearest town)
Glenn Dale Sanatorium	Street No. 4934 1st St., N. W. (If rural, give LOCATION)
How long In hospital or institution? 10 months, 20 days	2.(g) It veteran, name war
3. (a) FULL NAME	0.42.6 . 1.6 . 21.1
1414	3. (b) Social Security Number
WALTER 1. MA	GUIRE 577-14-4969
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white divorced	20. DATE OF DEATH 200 run ber 27 1946, 21447 AM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above atated; that I attended deceased from
6.(c) It alive, give ageyears	Jan 8 1946 10 2100 27 1946
T. Birth date of deceased (mo., day, yr.) March 27, 1910	and that I last any h. Lise alive on 2007 27 18.44
	Immediais cause of death DURATION
o. Aut.	Pulmonary Tubululisis 63 mo
36 36 8 0hramln.	
9. BirthplaceWashingtonDC	Due to
10. Usual occupationInteriorDecorator.	Due to.
1t. Industry or businesa	
12 Name Frank Maguire	Other conditions.
12. Name Frank Maguire   13. Birthplace   Ireland	
	(Include pregnancy within 3 months of death)
E 14. Maigen name	Major findings of operations.
Silver Spring, Maryland	Date of op.
D 7	
16. Informant DECESSEQ	Antopsy results
Address	22. VIOLENCE: It death was due to external causes, till in the following:
17 (13 unal Date thereof 11-30-46	
(Burial, cremation, or removal. Which?) (month) (may) (year)	Accident, suicide, or homicide
Cometery or crematory Aut Cluves	Where did Injury occur?
Washen oton D.C.	Injured at home, farm, industry, public place (where?)
Location	Meana of Injury Injured at work?
18. Funeral director.	0 0
Address Hyattsville, had.	23. SIGNATURE & Paniel LO Finicano MD.
11 00 111 R 0 1 1 DOCC.	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) 19.46 Norwland S. Registrar	Address Allen Dale Md Date signed 11/22/46

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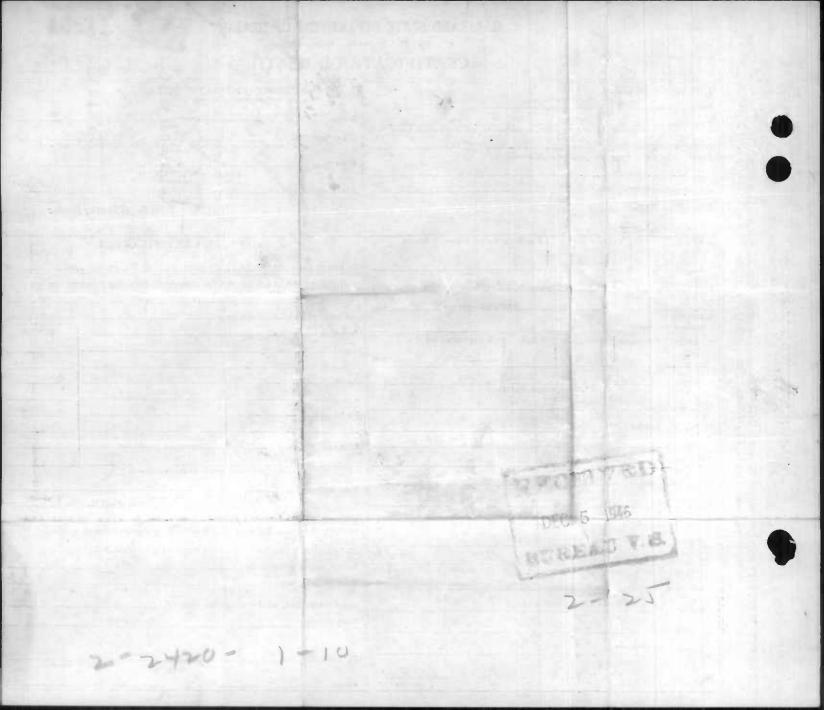
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Por newborn infants give residence of mother)  State  State  City or town  (If ontside city or town limits, write RURAL and give nearest town)  Streel No.  (If rural, give LOCATION)  2.(a) If reteran, name war
3. (a) FULL NAME le harles Inangold	3. (b) Social Security Number
hal School 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH December 25 1946, at 6:30P M
6.(b) Name of husband or wife thronic Elosabeth Slagle Many ld  7. Birth dato of Section 1. Birt	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from
8. AGE: Years Months Days If less than one day  77 4 24	and that I last saw he alivo on the last saw h
8. Birthplace clode majohn chediana (Town, county, and state)	Duo to Ayfratustan 3 years
10. Usual occupation le aspertius  11. Industry or business Home fulding  12. Hame hartin Edward manualy	Other conditions lesselval harmstrage 11/4 yr
13. Birthplace Germany  14. Maiden name le frontière  15. Birthplace le hastes les Manfand	(Include pregnancy within 8 months of death)  Major findings of operations.
18. Informant Marin E. K. Maryeld  Address Anham Med	Antopsy results
(Burial, eremation, or removal Which?)  Cemetery or crematory.  Date thoreout 29, 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Molman manor Mol  18. Funeral director I Sacobe some	(City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury Injured at work?
Address Sylattovillo Ind'  19. 11/29  19. (Dote reg'd by registrar)  11. 30/46 - Ing. Jack Bruntle O.L. R	23. SIGNATURE Robert Shall was made and M.D. or other Address Lawre Stag Date signed 11/25/46



2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

City or town Washington. D. C.

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-			20	11	-	1
-	Diat.		1	4	3	1
Reg.	Diat.	No	9		. W.A.	Į.,

					CE	RTIF	ICAT	E OF DEATH
City or town How long in above Hospital, Institu Gler	Prince Glenn (If outsid ve place of de tion, or stree in Dal	George Dale, city or town ath? 2 n address whe	Man lim	iryLan its, write R iths, ath occurred	d URAL and give 11 days : 11 days	nearest to	wn)	2. USUAL RESIDENCE (For newborn infants) D. C. State D. C. City or town Washing (If outside c Street No. 1/12 Ch 2.(a) If veteran, name war
3. (a) FULL	NAME		-	Tos	EPH	E.	Mc	GOLRICH
4. Sex	5. 0	Color or race			e, married, widowe			M
Male		White		Marr	ied			I was a second
								20. DATE DF DEATH
	***************************************				Golrick  If alive, give ag			and that t last saw h
8. AGE:	Years	Months		Days	If less than o	ne day		Immediais cause uf death
61	61	10		22	hrs		min.	- Carenno
10. Usual occup	pationAs. business D	sistan . C. H	tI	Direct	or, Per	nit B		Oue to
12. Name	Jame Ire	s J. Mo land	c Go	lrick	<b>b</b>	**************		Other conditions
14 Maiden name Mary E. McCauley				(Include pre				
1B. Informant	De	ceased		•••••	•••••		•••••	Autupsy results Bease underlin
17. Burial cremation, or removal. Which?)  Date thereof. Nov. 25,1946  (Burial, cremation, or removal. Which?)  Cemetery or crematory. Washington. Nathanal Park Countary Whe					22. VtOLENCE: tf death was Accident, suicide, or homicide. Whers did Injury occur?			
18. Funeral director W Charabers Co Manuel Strain Injured at home, farm, industry, Mases of Injury  19. Nov. 20, 19.46. Rowlands. Philips  23. SIGNATURE As								

	write RURAL and give nearest to	own)		
Street No. 1/12 Chapin St., N. W.				
(If rural, give I	OCATION)			
GOLRICH	3. (b) Social Security Numb	er		
MEDICAL CE	RTIFICATION			
20. DATE OF DEATH.	v. 20 1946 al	1.15 P.		
21. I CERTIFY that death occurred on the date above 19	46,10 1100-21	0,19.46		
Immediaic cause of death.		DURATION		
7	1			
Oue to				
Due to				
Other conditions		*************************		
(Include pregnancy within 3 mo	onths of death)			
Majur findings of operations.				
Autupsy results Bouchs gemes PHYSICIAN: Please underline the cause tu which	Carcusus c	of right		
22. VIOLENCE: If death was due to external cause		0,		
Accident, suicide, or homicide	Date of			
Whers did Injury occur?(City or town)	(County) (Stat	(c)		
Injured at home, farm, industry, public place (whe	re?)			
Msens of Injury	Injured at work?			
22 SIGNATURE DAVIDE LED	Finecane V	nD)		

Address Stlenn Dale Md. Date signed 11

DEC 1911

2-2430 -

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conspecially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

#### 2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Ħ.		2112
Reg.	Diat.	No.

County Prince Georges City or town	(For newborn Infants give residence of mother)  State D. C. County
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Female Chinese Married	MEDICAL CERTIFICATION  2D. DATE DF DEATH
6.(b) Name of husband or wife	APR. 25 1946 10 NOV. 19, 1946  and that I last saw h. S.C. alive on NOV. 19 1946  Impredicin chose of death DURATION  Outpurpage Tubesculosis 9 200.
9. Birthplace	Due to.  Turbosculous Laryngulis 4 ms.  Due to.  Differ conditions
13. Birthplace California  H 14. Malden name. Unknown  D 15. Birthplace China	(Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.
Address  1. Deceased  Address  1. Deceased  Date thereof Nov. 23, 1946 (Burial, cremation, or removal, Which?)  Cemetery or crematory Plange Washington Manuarial Control  Location Novel Deceased  18. Funeral director WW Clauseys Control  Address 1400 Clauseys Control  Address	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  23 SIGNATURE DAVID LD PINGEANS M.D.
19. Date reed by registrary 19. 4.61 Rowland S. Pluly	Address & lenn Dale MD Date signed 11/19/46

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PLAINLY, v is especially i

PLEASE WRITE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-

#### CERTIFICATE OF DEATH

		1 1100	
		No. 2451	
Rev.	Diat.	No	ı

11254

	Reg. Dist. No
1. PLACE OF DEATH:  County PRINCE GEORGES	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State MARY AND County PRINCE GEORGE  City or town H. YA P. T.S. V. L.L. E. STATE RURAL and give nearest town)
How long in above place of death?	Street No. 5496 - 15714 AVE
5406-1571+ AVE	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It reteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
FREDERICK WALDRON NEWELL	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE WIDOWED	20. BATE OF DEATH 1946 st 48 A M
S.(b) Name of husband or wife PEAR &	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	9/30 1946, 10 11/2-3 1946
7. Birth dale of C.C.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O	and that t tast saw harman alive on
deceased (mo., day, yr.) FEB 21, 1870	Immediate cause of death
8. AGE: Years Months Days It less than one day	Evention 2mg
76hrsmtn.	
9. Birthplace TROY PENNA- (Town, county, and state)	Due to Outmonery
(Town, county, and state)	Internations 3400
10. Usual occupation. CARPENPER	Dus to
11. Industry or business BUILDING	
E 12. Name DANIEL C. NEWELL	Other conditions
13. Birthplace PFINNA	(Include pregnancy within 3 months of death)
14. Malden name	(Include pregnancy within 8 months of death)  Major findings of operations.
15 Birthulasa	
18. Informant	
	Autopsy results
Address 5406-15 & Ore HYATTS WILLE MD.	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burlal, cremation, or removal, Which?)  Bate thereot	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location 2525 - Bladewhere PS M. E. D.	Injured at home, farm, industry, public place (where?)
18. Funerat director July at C. Umelish	Means of tinjury Injured at work?
Address 2525. Bladensber TA n. E.	23 SIGNATURE PRIVE CONKIN M&
19 Mor 23 10 Hls Tolours Berieve	3/00- 20 NE DC M. D. or other
(Date rec'd by registrar) Registrar	Address 3/00 70 /V E NC Bate signed 1/23/46

NOV 27 1946 BOYEAU V 8.

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correct age

# 9-45-15M PLEASE VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

		1	1	200	1	_
7		A.	adli.	1	525	23
Reg	g. Dist.	No	D		F	

1. PLACE OF DEATH: Les les County County Les	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Leo Co
City or fown. (If outside rip or town limits, write RURAL and give nearestrown)  How long in above place of death? I home long in above place of death?	State Call as Call Dal.
How long in above place of death?	City or town
Hospital, Institution, or street address whore death occurred:	Street No. 4615 Haward Rd,
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	L Rear. 3.(b) Social Security Number
4. Spn 5. Color or raco 8.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
Temale white single	20, DATE OF DEATH. 708 23, 1946, 11/3 A
	21. I CERTIFY that death occurred on the dato above stated; that I attended deceased from
B.(b) Name of husband or wife	November 8 10 46 10 FLOV 22 1046
7. Birth dato of Series	and that I last saw h. LL alive on
decessed (mo., day, year	Immediate cause of death
8. AGE: Years Months Days It less than one day	acute longhatic lenkema 1 no
3 6hrsmin.	
washington Ili.C.	
9. Birthplace (Town, county, and state)	Duo to.
10. Usual occupation Trone	
10, Usual occupation	Due to
11. Industry or business	
12. Name Charles B, Clear fr.	Other conditions
13. Birthptace mass	
14. Malden name ada Burning, 15. Birthplace Slenville N. 19,	(Include pregnancy within 3 months of death)
5 se statute Glennelle Mula	Major findings of operations.
PI B. PHAN	- Date of op.
16. Informant Chaples 5. Color	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address College Park Md.	
+ 1. t. 10- 20x 52 1946	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicido, or homicide
Cemetery or cremstory Linwood Cemetery	Whers did injury occur?
location western , have a	Injured at home, farm, industry, public place (where?)
I beach some	Msans of Injury Injured at work?
18. Funerat director	10.5.11.
Address Offactenble max	23. SIGNATURE 6 Jours Mendel, M. D.
19 hor 33 1941 Jams Serry	M. D. or other
19. (Date and by sorietary)	How Pollege, Park, Ford Role stoned 11/23/46



2411 N. Charles St., Baltimore 107

#### CERTIFICATE OF DEATH

	1108.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County PRINCE GEORGE	State MPRY LAND County PKINGE GEORGE
City or town. SUITLAND (If outside city or town limits, write RURAL and give nearest town)	City or town (if outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	1/210- STRING. ST
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3.(b) Social Security Number
LOUTIE LEE	PIPER NONE
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. WHITE WIDOW	20. DATE OF DEATH 21 November 1946, at 12 AM
8.(b) Name of husband or wife JOHN W. PIPER (De GEASE	21. I CERTIFY that death occurred on the date above stated: that tattended deceaced from
7. Birth date of	the state of the s
7. Birth date of deceased (mo., day, yr.) ULY 8-1862	and that I last naw h. A.T. allve on 20 November 18.45
8. AGE: Years Months Days If less than one day	Broucho-puermoma 4 days
84min	
9. Birthplace. PRROW ROCK - M 0. (Town, county, and state)	Due to Semility
NAME.	4
1. 1 2	Bue to
17. 100000) 0. 000000	
12. Name LITTLETON D LINDSAY  13. Rirthplace VA.	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name. MARY F. BROWN  15. Birthplace MO	Major hadings of operations.
18 Interpret L-LIZABETIT L DAVIS	Date of op.
16. Informant Land S. D. A. C. C. T. S. C. T. (An)	Autopsy results
0 4 4 5 11	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof. (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where dld injury occur?
Location arrow Head, mo.	Injured at home, farm, Industry, public place (where?)
WOUND HAMRERS CO.	Means of Injury Injured at work?
18. Funeral director.	l'a mont
5 , 4 ( 111	23. SIGNATURE Deducy W. Deterry W. D. or other
(Dete rec'd by registrar) 18 4 6 Carrie J. Campbell	Address 1503 Good Hope Rd. F. Date signed 21 Nov. 19

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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NUV 23 1946

PLEASE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 834)

1. PLACE OF DEATH: The Prince Theo.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)		
City or town	State County 7: 7-60-11-00/5		
	City or town Ulfoutside city or town limits, write RUBAL and give nearest town)		
How long in above place of death?			
Hospital, institution, er street address where death eccurred:	Street No. Java Lucio Road		
	(If rural, give LOCATION)		
How long in hospital er institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Clyde a fort			
4. Sex 5. Cofor er race 6.(a) Single, married, widowed, er diverced	MEDICAL CERTIFICATION		
m w married	2D. DATE OF DEATH. 201-13- 1946, at 85-2		
10 Patx	21. I CERTIFY that death eccurred en the date above stated; that I attended deceased from		
6.(b) Name of husband or wife.			
8.(c) If alive, give ageyears	addg 13 1939 18 7211 13 1946		
7. Birth date of 15. 1867	and that I last aaw heard alive on 1000 12 19.46.		
deceased (me., day, yr.)	Immediste cause of death		
8. AGE: Years Months Days If less than ene day	Cerebral monosio / years		
/9hrsmin.			
Turon Pa	Que to General astersio sclerosis -		
9. Birthplace	998 (0		
10. Usual occupation. Alexander relief			
	Due te		
11. Industry er business			
12. Name Parl 13. Birthplace Pa	Other cenditions		
13. Birthplace			
Elina, to bless	(Include pregnancy within 3 months of death)		
14. Malden namelinua to pley 15. Birthplace	Major findings of operations		
15. Birthplace	Date of op.		
and I day Part	Antopsy results		
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address TODA LUCK KA, Williamy, mil	22. VIOLENCE: If death was due to external causes, fill in the feltowing;		
17 Buriel Date therest Nov. 16-46	Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) (month) (day) (year)			
Cemetery or crematory Lath Cap Man OK County	Where did injury eccur?		
Muirtary and	Injured at heme, farm, Industry, public place (where?)		
Location Location	Means of Injury tnjured at work?		
18. Funeral director & Wallet	2 1 0 020		
Address This eldle mil	Sell Male Dex		
1 diameter of the second	23. SIGNATORE M. D. or other		
19 nov 16 1916 ma Jas Devero	Reportale med Base almost 14.1846		

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#### MARYLAND STATE DEPARTMENT OF HEALTH

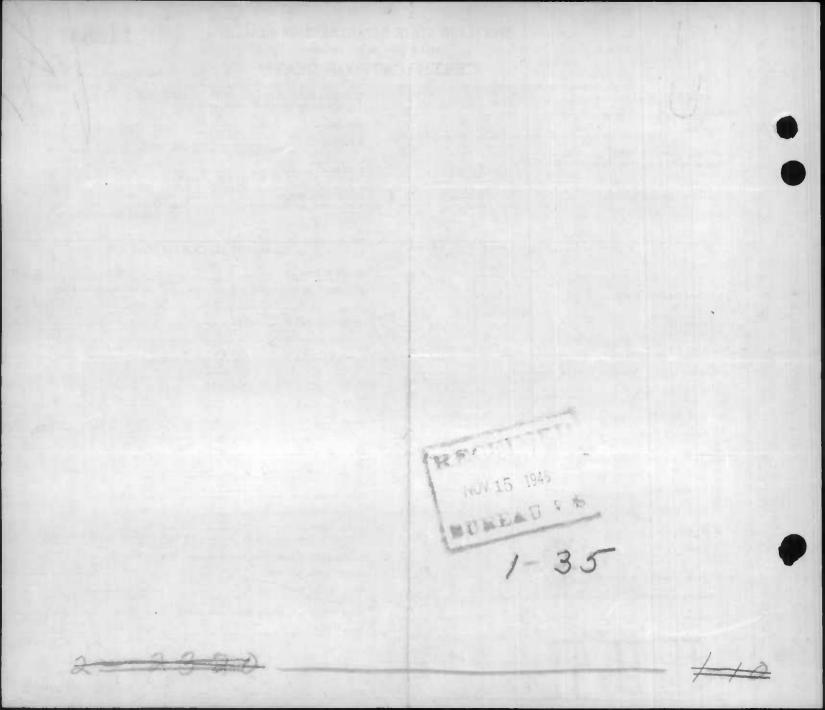
#### 2411 N. Charles St., Baltimore 940

11258

#### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Hary Land County Se geo Co
(If outside city or town limits, write RURAL and give nearest town)	(Va) //
How long in above place of death? LOTA 1909	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street eddress where death occurred:	Street No. Shalland Corner
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary ton Troclar	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
ten negro married	20. DATE DF DEATH 7 5 5 19 4 6, at 4 A M
Joseph Proctor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8,(b) Name of husband or wife	14/14 5 19/6, 10 Her 14 19 46
7. Birth date of	and that I last saw h. 27 alive on 21 15 16
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	acrete Caronary
hrsmin.	Turonbour 14r
9. Birthplace Il askeney low to C	Due to Occasal arlarino
(Town, county, and atate)	Solcrofet Cury 9 Will le
10, Usual occupation.	the the west of the same
11. Industry or business at House	1
12. Name Zulsuoure	Other conditions 21 22 24 24 24 24 24 24 24 24 24 24 24 24
	(Include pregnancy within 3 months of death)
14. Maiden name aquez Brown  15. Birthplace Prince Leonge Co. Med.	Major findings of operations.
15. Birthplace Prince Scorger Co. Mo.	Date of op.
16. informant Fred Proceedy	Autopsy results
Address Pluston und	PHYSICIAN: Please underline the cause to which death should be charged statistically.
P 11 11 11 11	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or pemoval, Which?)  Date thereot	Accident, suicide, or homicide
Cemetery or cremalory	Where did injury occur?
1000	Injured el home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director Walter January Co.	- CIPA
Address / 432-4 m lt. h. W.	23 SIGNATURE Faul Clin Galla
14 14 mady a mady	M, D, or other
(Date rec'd hy registrar)	Address Baller alan L. G. Chate signed



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-

### CERTIFICATE OF DEATH

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E. ar		

Reg. Diat. No. 245/

11259

County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infantagive residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
Conest Chap Trusser	
4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced	20. DATE OF DEATH MEDICAL CERTIFICATION  20. DATE OF DEATH APPLICATION  20. DATE OF DEATH APPLICATION
6,(b) Name of husband or wife Mace M. Orenser	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Worr . 11 18.76 5.(c) If alive, give age . J.O.: years	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)  8 A.C.F. Years   Months   Days   If less than one day	Immediai- cruse of death
7 4 11 0	
10 \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Interpretinguam hem - Ludden
9. Birthplace & astrony (Torre, eoutry, and at the)	Due te onnage
10. Usual occupation Returned Cabinet Maker	Due to
11. Industry or business	
12. Name Rehard - Presser  13. Birthplace Sermann	Dther conditions
3. Birthplace Semanni	
14. Maiden name Mangaret Stont  15. Birthplace Germany	(Include pregnancy within 8 months of death)  Major findings of operations.
5 15. Birthplace Germany	
16. Interment Tredrick Charle Prensey.	Aotopsy results. Date of op.
Address 3417 - Dilden St. Brentwood Ma	PHYSICIAN: Please underline the eause to which death should be charged statistically.
Address 341) - Lilden St. 11 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Whieh?)  Date thereo  (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Int blook	Where did Injury occur?
Location washington Ill.	Injured at home, farm, industry, public place (where?)
18. Funeral director of Greech's Soney	Means of Injury Injured at work?
Address Styatlerelle and	Od Jemson Man -
50 (24 1) 50 0	23. SIGNATURE DO DO DO DE LA COMPANION M. D. Orother
19. (Date ree'd by registrar)  (Date ree'd by registrar)	Address Cheverly. Mel Date signed 1 - 6 4 6

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errect age

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH	SILION,

2411 N. Charles St., Baltimore 18-

11260

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Prince George's				
City or town (rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	State D. C. County Washington			
How long in above place of death? 29 days. Hospital, institution, or street address where death occurred:	City or town (If outside city or town limits, write RURAL and give nearest town)			
Glenn Dale Sanatorium	Street No. 1186 Morris St. N. E.			
How long In hospital or Institution? 29 days	(If rurai, give LOCATION)			
	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
WM J. KAWWIN	C 5 579-01-3120			
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White Married	20. DATE DE DEATH Not 10 19 46 21 / 20 2 11			
6.(b) Name of husband or wife Mary E. Rawlings	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from			
S (e) If alive give age ?	QQ 3rd 1946 10 WOY/01 1966			
7 Right date of	and that I last saw h Escellive os Nort I M 18 Lb.			
deceased (mo., day, yr.) September 9, 1892	Immediair cause of death			
8. AGE: Years Months Days If less than one day	7			
54 1 23hrsmin.	Villmonary Viller Erelons 7 Miss			
9. Birthplace Upper Marlboro, Maryland (Town, county, and state)	Oue to.			
(Town, county, and state)				
10. Usual occupation Painter	Que to			
11. Industry or business				
12. Name James Rawlings	Dither conditions.			
13. Birtholace Nottingham, Maryland				
	(Include pregnancy within 3 months of death)			
置 14. Malden name Mary Smith	Major findings of operations.			
ts. Birthplace Nottingham, Maryland				
16. Informant Decedent	Autopay results.			
	PHYStCIAN: Please underline the cause to which death should be charged statistically.			
Address	22. VIOLENCE: If death was due to external causes, filt in the following:			
(Burial, cremation, or removal. Which?)  Date thereol	Accident, suicide, or homicide			
Cemetery or cremajory Mt Cargoll	Whera did injury occur?			
Location Challe Marlboro mod	Injured at home, farm, Industry, public place (where?)			
18. Funeral director of the Chief Bros	Means of Injury tojured at work?			
Address Suppler Marlburs and	David Con Find and M.D.			
10 Not 1st 1946 Rouland S. Philip	23. SIGNATURE M. D. or other			
(Date rec'd by registrar)  Registrar	Address of lenn Dale Ma Date signed 11/1/46			

1916

2-2430

2411 N. Charles St., Baltimore 13

#### CERTIFICATE OF DEATH

11261

er Dist. No. 243

	Reg. Diat. No		
1. PLACE OF DEATH: countyPrince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (rural) Glenn Dale Maryland (If outside city or town limits, write RURAL and give nearest town)	State D. C. Couoly Washington		
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give near	est town)	
Glenn Dale Sanatorium	Street No. 42 Myrtle St. N. E.		
How long in hospital or institution? 11 days	(If rural, give LOCATION)  2.(a) If veteran, name war.	<b>/</b>	
3. (a) FULL NAME  MARY ANN ROBERTSON	3. (b) Social Security N None	umber	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female Colored Married (separated)	20. DATE OF DEATH NOVEMBER 24 1046	, 6:30 A.	
6.(b) Name of husband or wife Homer Robertson	21. I CERTIFY that death occurred on the date above stated; that I attended deceas  NOVEMBER 13  1946  10. NOVEMBER	rd 1rom 24, 46	
7. Birth date of Table 2	and that I last saw h . CR alive on . Nov. 24	19.46	
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	Immedia: cause of death	DURATION	
49 4 13hrsmin.		***************************************	
9. Birthplace Augusta, Gaorgia (Town, county, and state)  10. Usual occupation Maid	Due to.	***************************************	
11, industry or business	Due to	***************************************	
置 12. Hame George Kelly	Diher conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden nameAmandaThomas	Major findings of operations		
15. Birthplace Georgia	Plajor Rudiugs of operations.  Date of op.		
16. informant. Decedent.	Autopsy results.		
Address	PHYSICIAN: Please underline the cause to which death should be charged st	atisticalty.	
17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Cemetery or crematory A A Company Comp	Whers did Injury occur? (City or town) (County)		
to work to		(State)	
Location	Injured at home, farm, Industry, public place (where?)  Msans of injury  Injured at work?		
18. Funeral director. M. Children Charles	(A) - 0 M.		
Address 90 9 4 5 5 7 1 PC C	23. SIGNATURE Daniel Leo Fine Cane	mD.	
19. (Date rec'd by registrar) 18.46 Voucaus Registrar	Address of law Dale Md Bate signed M.	ov. 24, 46	

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

VS A15

correct age

DEC 2 1946

2-2430

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

14.00				0	11	3
4	Reg.	Dist.	No.	do		3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
County Prince Georges			
City or town. Glenn Dale, Maryland. (If outside city or town limits, write RURAL and give nearest town)	State D. C. Couoty		
(If outside city or town limits, write KOKAL and give nearest town)	City or town Washington (If outside city or town limits, write RURAL and give nearest town)  1104 42nd St., S. E.		
How long in above place of death?	1104 42nd St., S. E.		
Glenn Dale Sanatorium	Street No		
How long in hospital or institution?	2.(a) If veteran, name war First World War		
3. (a) FULL NAME	3. (b) Social Security Number		
NA MANIEL MO	YALL 1081-22-3980		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Married	20. DATE OF BEATH November 30 19 46, 21 8 30 PM		
8.(b) Name of husband or wife Ellen Royal	21. J CERTIFY that death occurred on the date above efated; that I attended deceased from		
	200 5 146 10 NOV 30 10 46		
7. Birth date of	and that I last eaw h limitative on 1946		
deceased (mo., day, yr.) November 28, 1896	Immediate cause of death		
8. AGE: Yeare Months Days It less than one day			
50 50 0 2hremin.	Pulmonay Tuberulosis 3MO		
9. Birthplace Clinton, North Carolina (Town, county, and state)	Due fo		
tascher	***************************************		
1D. Usual occupation teacher	Due to.		
11. Industry or business			
12. Name Nathaniel Royall	Diher conditions		
12. Name Nathaniel Royall 13. Birthplace Clinton, North Carolina			
	(Include pregnancy within 3 months of death)		
14. Malden name Rachel Royall 15. Birthplace Clinton, North Carolina	Major findings of operations		
15. Birthplace Clinton, North Carolina	Date of op.		
16. Informant	Aotopsy results		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address	22. VIOLENCE: if death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide		
	Where did injury occur?		
Cemetery or crematory			
Location to Washington, D. C.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director John J. Thines + Co.	Msans of Injury Injured at work?		
Address 901-32 St. SW Wask. D.C	23. SIGNATURE A) Quiel Le O Finercane M.D. or other		
Mov. 30 .46 Rouland S. Phil			
(Date ree'd by registrar)  Registrar	Address of law X/ale Mal Bate eigned 1/30/46		

DEC 11 1945

2-2430

## 11263 Reg. Dist. No. 239/

#### 2411 N. Charles St., Baltimore \$2

	CERTIFICATE	OF	DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give pesidence of mother)  State County County  City or town City or town limits, write RURAL and give nearest town)  Street No. (If ourside city for town limits, write RURAL and give nearest town)  (If rural, give LOCATION)  2. (a) It veteran, name war.
2 (a) FILL NAME	12 (I) C : 1C : N 1
RUTH ANN RUTH	ERFORD 3.(0) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MOUSINGLY 13 19.46 91 4:38 A M
6.(b) Name at husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	10 28 19 6 10 11/13 1988
7. Birth date of deceased (mo., day, yr.) Loper, 10, 1961	and that I last saw h
8. AGE: Years Months Days If test than one day 3	Immediate cause of death  Outstanding  Outstanding  Oue to. Inflittin
10. Usual occupation	Due to
11. Industry or business  12. Name Award Asian Brithleford  13. Birthplace Westernper Manyline	Other conditions Bilatens spashe paragras  (Include pregnancy within 8 months of death)
14. Maiden name Ruth Elizabeth Thomas  15. Birthplace Dakswa Sank, Manyline	Major fiadings of operations.
Clarge Al Aller Datte South	
16. Informant Land Control Vingue Alle Make	Autopsy results
Address 42 4000 revelette, kinning of the 17 Burial Date thereot Nw. 16, 1941	22. V10LENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Burial, cremation, ur removal Which?)  Date thereot (majrth) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Management of the Location Loc	tnjured at home, farm, Industry, public place (where?)
18. Funeral director Warming C. Manghang Address Siru Amais, The	Means of Injury injured at work?
19. 1 - 12 19 46 Cau E. Muchter  (Date ree'd by registrar)  Registrar	23. SIGNATURE M. D. ur other  Address Address Date signed 4 / 6 3/66

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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 956

#### CERTIFICATE OF DEATH

11264 213.0

City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where dearn occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newton infants give residence of mother)  State
How long in hospital or institution?	2.(a) If veteran, name war
4. Spx 5. Color Place (Sca) Single, married, widowed, or divorced	MEDICAL CERTIFICATION -
B.(b) Name of Nusband of when a Henrietta . Siminus	20. DATE DF DEATH
7. Birth dale of deceased (mo., day, yr.) CCF 2 8 1907	and that I last says a sailve on DURATION
8. AGE: 39 Months Days If less than one daymin.	When had break.
9. Birthplace (Town, county, and afate)  10. Usual occupation (Luchum & L.Z., end)	Due 10. Decampen alan
11. Industry or businest reis Beall Harf.  12. Name Harvey L Himmurs  13. Birthplace VIRGINIH.	Diher conditions.
14 Maidan sama DORFI L. ENSIMILER	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Mas Tuling	Autopsy results
Address 312 Captan Dr., Taham Park Mid 17. De 19 (Burial, cremation, or removal, Wbicht)  Date thereof Nov. 6-19 56.  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homioide
Cometery or cramatory ROCK CREEK-	Where did injury occur?
18. Funeral director of an ANA & Pumponey  Address SILVER SPRING - MONIA & AA	Means of injury Injured at work?
19. (Date rec'd by registrar)  19. (Date rec'd by registrar)  Registrar	23. SIGNATURE CONTROL OF Thomas Varh has been by the Address Date signed by the ball of th



HMARGIN RESERVED FOR BINDING

Evidence for correction of name of deceased, MARYLAND STATE DE shown on: 2411 N. Charle	father's name PARTMENT OF HEALTH  s St., Baltimore (356)
RUN No. G 110 JUN 11 1947 CERTIFICAT	
1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospitat, institution, or street address where death occurred:  How tong in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newboru infants give residence of mother)  State  County  City or town  (if outside city or town limita, write RURAL and give nearest town)  Street No.  (If rurai, give LOCATION)  2.(a) It veteran, name war.
James Arthur Gerbert Links	3. (b) Social Security Number
4. Ser 5. Color or race 6.(a) Single, married, widowed, or divorced make white married	MEDICAL CERTIFICATION  2D. DATE DF DEATH
8. (b) Name of husband or wife  8. (c) It alive, give age  8. (c) It alive, give age  8. AGE: Years  8. AGE: Years  9. Birthplace  10. Usual occupation  11. Industry or business  12. Name  13. Birthplace  14. Malden name  15. Birthplace  16. Washington, D. C.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  2
18. Informant James author & pass.  Address mitchellwille, md.	Autopsy results
17 Course Date thereot (month) (day) (year) Cometery or crematory Park Lancalar Constitute Location Destruction Prince Mary 1  18. Funeral director Ritchie Brakker  Address appear Markhars	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Date rec'd by registrar) 1946 M. Mac Mars	Address



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3

1	1	2	6	6	

CERTIFICAT	Reg. Diet. No.
I. PLACE OF DEATH:  County  City or town.  (If outside eity or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewborn infants give residence of mother) State  County  County
How long in above place of death?	City or town (1f outside eity or town limits, write RURAL and give nearest town)  Street No
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME William of Smith	3. (b) Social Security Number
2 Sex   5. Color or race   5. (a) Single, married, widowed, or divorced   Single   S	MEDICAL CERTIFICATION  20. DATE OF DEATH 23 Not 19 46 91 11 20 M
6.(c) Name of husband or wife.  6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.46, to 23. Nax 19.46
7. Birth date of deceased (mo., day, yr.) Chang, 4-4/,	and that I last saw h. L. A. alive on 23 New 44 19
8. AGE: Years   Months   Oays   It less than one day	Immediate cause of death OURATION  Turbet typhogis paralan many acute 6 weeks  Tisteral
9. Birthplace (Town, county, and atate)	Oue to
10. Usual occupation	Oue to
11. Industry or business  12. Name Menyalul English  13. Sirthplace Champion 2nd	Other conditions
14. Maiden name # Thele for 11	(Include pregnancy within 8 months of death)
15. Birthplace Washington, MC11	Major Endings eI operations
Address Chrom 222	Autopsy results
17. Barrial Date thereot //- 25 - 44 ( (Burial, eremation, or removal, Which2)  (Burial, eremation, or removal, Which2)	22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (Connty) (State)
Location Course Make,	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
19	23. SIGNATURE Cobert B. Cassett M. D. or other Address Upper Marly 10 M. Date signed 24 May 46.

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NOV 26 1945

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore 940)

#### CERTIFICATE OF DEATH

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		1	2245	

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: George	2. USUAL RESIDENCE (HOME) OF DECEASED: (For ney for finishing give residence of mother)
City or town	State County County
How long in above place of death?	(If outside city or town limits, write KUHAL and give nearest town)
Hogottal, Institution, or street authors where death occurred: A Claud Monnoviral Vosputal	Street No. / 2 - C OA
1 1000	(If rural, give LOCATION)
now long in nospital or institution?	2.(a) If yeteran, name war
3. (a) FULL NAME Pora Smyde	3. (b) Social Security Number
5. Color or pace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale Music married	2D. DATE OF DEATH. 201 / 0 - 1946 01 / 0 / 3/M
8.(b) Name of huaband or wife. Note I sauce	21. I CERTAY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Teh 28 - 1892	and that I last saw halive on
8. AGE: Years   Months   Days   Illess than one day	Immediate cause of death DURATION
54 8 13	Colmonary Infaces: Form
8. Birthplace (Zown, county, and etate)	Due to Characy or Estimate 200
10. Usual occupation. Stousewife	Bue to.
11. Industry or business	
12. Name Harry Meyer Frankel  13. Birthplace	Dther conditions
	(Include pregnancy within 8 months of death)
14. Malden name ama Greenberg 15. Birthplace Poland	Major findings of operations.  Bals of op.
16. Informant Absplital Records	Autopsy results
Addresa	22. VIOLENCE: Il death was due la external causes, fill in the following;
Bate thereof (month) (dny) (year)	Accident, aulcide, or homicide
Cometery or crematory was Bluf	Where did injury occur?
Location Wash	Injured at home, farm, industry, public place (where?)
18. Funeral director Land Section 14-39 E. Bally Ph	So. So Table of
7	23. SIGNATURE.
19. May 11 19. 46 P.W. Helrick	352 Pa Lacust Med. D. or other

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

11268

#### CERTIFICATE OF DEATH

Reg. Dist. No. 3 7 2 0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Krince Fear Des	State Mary land county Prince georges
City or town	S. I Dlace it
How long in above place of death?	City or town
Hospital, Institution, or street address where deth occurred:	Street No. 7100 - Sheriff Rd.
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Kate Suly springs	579-16 1208
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
temple Neoro Married	20, DATE DE DEATH NOV. 21 5 19 46 at 12'15 AM
8.(b) Name of husband and Walter Sprios	21. I CERTIFY that death occurred on the date above stated; that leattended deceased from
	November 9th 19 46 10 Nov 20 19 46
7. Birth date of	and that i last saw h. C. r. alive on Nov. 20th 19.46.
deceased (mo., day, yr.) (2b) 14, 1844	Immediate cause of death that postatice DURATION
8. AGE: Years Months Days If less than one day	Preumonia 24 luc
40 9 29hrs5min.	
9. Birthplace Uppar Mar boro (Town, county, and state)	Due to Cardiac Decompusation 2 WK
10. Usual occupation Housew. te	Halerisectonosis ludet
11. Industry or business	Due 10.
	Dther conditions
12. Name	
# 1 111 - O 10001	(Include pregnancy within 3 months of death)
14. Maiden name Lottie Queen	Major findings of operations
15. Birthplace May y land	Date of op.
16. Informant Darotter + Hurband	Autopsy results
Address Seat of Ressant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide,
Cemetery or crematory	Where did injury occur?
Washington del.	Injured at home, farm, Industry, public place (where?)
Hard Will Flags	Means of Injury Injured at work?
16. Funeral director Denies Mashingland 5 5000	11 () A.
Address 467 1 St. 71.60 1806. C.C.	23. SIDNATURE WILLIAM W. W. W. V.
Jan 2/ 46 Jarrie 7 amblel	M. D. or other
(Date rec'd by registrar)	Address 515 - 20 - 7eva Hue Date signed 11-21-46

NOV 23 1946 B ? Carate

OF DEATH

Where did Injury occur? ....

Maans of Injury

23. SIGNATURE.

(State)

(County)

Injured at work?

correct age

tem of information carefully. The causes of death clearly and legibly MARGIN RESERVED FOR BINDING ADING INK. Supply every item of Physicians: please write the causes PLAINLY, WITH UNF is especially important. PLEASE

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CERTIFICAT	E OF
Ounty City or town (If outside city or town limits, write RURAL and give nearest town)  Town long in above place of death?  Townstall, institution, or street address where death occurred:	2. USU (Fo
Rellace Jane	
fow long in hospital or institution?	2.(a) tt
3. (a) FULL NAME John sturzenegger	-
4. Sex 5. Coord race 6.(a) Single, married, windwed, or diverged	
male white single	2D, DATE
	21. 1 CER
6.(b) Name of husband or wife	
	and that
7. Birth date of deceased (mo., day, yr.) Luchurous 88	
8. AGE: Years   Months   Days   If less than one day	Immedia
6 J	
9. Birthplace (Town pounty, and atate)  10. Usual occupation labour - farm -	Due to
11. tadustry or business	
12. Name	Dther cor
14. Maiden name	Major fi
Yours Shilger	
16. Informant	Autopsy PHYSIC
Address	22. VIO
17 Berrial Date thereof Not 16 1946	Accident
(Burial, cremation, or removal. Which?)  Cemetery or crematory. Clemwood Cemetery	Where d
Location washington Sl. C.	Injured a
18. Funeral director . Funeral d	Maans of
Address Syalloulle Ma	he
	23. SIG
19. (Date rec'd by registrar) (Date rec'd by registrar) (Registrar)	Address.

2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of State City or town (if passige city or town limits)	F DECEASED:  mothly See Co.  Marite RURAL and give nearest town)
Street No. Belmer fo	2rm
(If rural, give	LOCATION)
2.(a) tt veteran, name war	
	3. (b) Social Security Number
-	
MEDICAL CI	ERTIFICATION
200 14.	1846, 21 6:301
21. I CERTIFY that death occurred on the date abo	
	, to
and that I last saw halive on	
Immediais cause of death	
Johnson	
7	1 6000
Due to all Classons	3 hood
Poucella	
Due to	
Dther conditions	
(Include pregnancy within 3	months of death)
Major findings of operations	***************************************
	Date of op
Autopay results	hich death should be charged statistically.
22. VIOLENCE: If death was due to external car	uses, fill in the following;
Accident, suicide, or homicide	

(City or town)

Injured at home, farm, industry, public place (where?)

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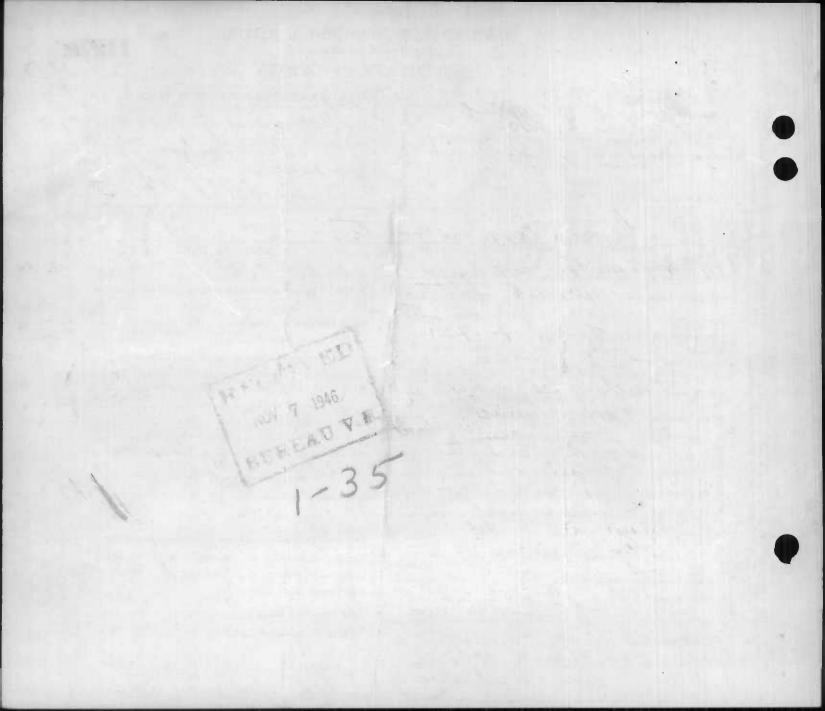
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /73

#### CERTIFICATE OF DEATH

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	T	T	27	14	,	
Reg	Dist.	No	d	3		0

1. PLACE OF DEATH: Servals	2. USUAL RESIDENCE (HOME) OF DECEASED: (Eor newborn infants give residence of mother)
City or town (1f outside city or town limits, white It AL and give nearest town)	State Maryland gount Sung Sery to
11 11 01.1.1	City or town
How long in above piace of dealh?	Sirsel No. 4506 Woodbury St.
	(M rural, give OCATION)
How long in hospital or institution?	2.(a) If veteran, nams war ANO CA ANO ANO ANO ANO ANO ANO ANO ANO ANO AN
3. (a) FULL NAME	3.(b) Social Security Number
Mank Eugene Sa	le
4. Ssx 5. Color or race 8.(a) Singis, parried, widowed, or divorced	MEDICAL CERTIFICATION
May While margild	20. DATE OF DEATH. 7/67 3 19.6 ,21 9.30 Pm
5.(b) Name of husband or wife Mayorif Late.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give age. 25 years	
7. Birth date of decreased (mo., day, yr.) April 19-1921.	and that I last saw halivs on
8. AGE: Years   Months   Days   If less than one day	Immediaic cause of ideath Duration
25, 6, 6, min.	head class and tooks ander
a Richarde Las Angeles, Cal.	prestring & shock
(Town, county, and state)	0
10. Usual occupation.	Due to
11. Industry of business	Soo OF: La A
12. Nams Welter E. Jale 13. Birthplacs Lords par	Other conditions V. V. A. M. M. M. C.
	(Include pregnancy within 3 months of death)
14. Maiden name / Futh Sent	Major findings of operations
≥ 15. Birthplacs / Sausage	
16. Informant Mayora Fall	Autopsy results
Address 45 106 Moodberry St.	
Burial Date the Most 7, 1946.	22. VIOLENCE: 11 death was due to external causes, fill in the following:  Accident, suicide, or homicide. A. B. L. M. M. D. Date of
(Burial, commetion, or removal Which?) (mgnth) (day) (year)	Where did Inlury occur? Vear Sayso 18 500 Md
Cemetery or crsmatory	(City or town) (Gounty) (State)
Location	Injured at home, 1arm, Industry, public placs (whers?)  Meens of Injury Curame and Crash Injured at work?
18. Funsral director	
Address Styallerelly Ind	23. SIGNATURE John D. Maloney M. D.
11/6 11/6 Umanda Downey	acting peoply mid appropriate M. D. or other
(Data roo'd by registror) Registrar	Address Advary - Gradavil El Whate signed 11-5.46



PEEASE

VS A15

### Man No.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

#### CERTIFICATE OF DEATH

1 271 Reg. Diat. No. 243

1. PLACE OF DEATH: County Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (rura) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	State D. C. County		
(If outside eity or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 2313 - L. St. N. W.		
Glenn Dale Sanatorium	(If rural, give LOCATION)		
How long In hospital or Institution?2yrs8mos, 12 days	2.(a) It veteran, name war		
3.(a) FULL NAME  JAMES TAYLOR	3. (b) Social Security Number 578–09–9684		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Married	20. DATE OF DEATH NOVEMBER 12 19 46 21 12:35 A.M		
8.(b) Nams of husband or wife	21. I CERTIFY that death occurred on the date above stated: that t attended deceased from MAR. 31, 19.44 to NOV. 12, 19.46 and that I last saw h. 1200. allve on NOV. 12, 18.46		
8. AGE: Years Months Days If less than one day	Immediair cruse of death DURATION		
35 9 20hrsmin.	4 /4.		
8. Birthplace Germantown, Maryland (Town, county, and state)  10. Usual occupation Porter  11. Industry or business  12. Name Unknown  13. Birthplace	Due to		
13. Birthplace	(Include pregnancy within 3 months of death)		
14. Malden name Moriah Clinton 15. Birthplace Germantown, Maryland	Major fiediags of operations.		
Donadont	Autopsy results.		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address  17 Remoted to Date thereof (Month) (day) (year)  Cemetery or crematory.	22. VIOLENCE: if death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Location Washington, D.C.	injured at home, farm, industry, public place (where?)		
Trance Fundral Home due	Means of Injury Injured at work?		
Address 389-R. L. ave you	23 SIGNATURE Paniel Le D. Finnesare M.D.		
19. Not 12,1946 Towland & Philips (Date fee'd by registrar) (Date fee'd by registrar)	Address & lenn Dale M. D. or other  Address & lenn Dale MA Date signed Nov. 12-1946		

NOV 21 1946

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57-2)

#### CERTIFICATE OF DEATH

CERTIFICAT	TE OF DEATH Reg. Dist. No. 9 9
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State
3. (a) FULL NAME. Thomas	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Slogle. married, wildowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH 26, M
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  2.
9. Birthplace	Due to.
1f. Industry or business  12. Name	Diher conditions
14. Maiden name Blassice Hall  15. Birthplace Howard to mol	(Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.
18. Informant Bernie Thomas Address 6/8 9th St Laurel mol	Autopsy results
17. B. Marial (Burial, cremation, or removal, Which?)  Cemeters or crematory Barran Carral Table  Localion Malar Land Table	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director Bidgly Selly Address 40, wash as Lawel Frol 19.1.127 1846 Coru 6. Walleter	Means of Injury Injured at work?  23. SIGNATURE.  M. D. or other

MARYMAN STATE DEPARTMENT OF REALTH

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PLEASE WRITE PLAINLY,

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MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

Reg. Dist. No. 2 4 2 1

1. PLACE OF D	EATH: Prince Ge	eorse County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Laryland county Prince Geo. County Caklawn		
City or town. OS		ryland mits, write RURAL and give nearest town)			
			City or town		
	or street address where d		Street No. 7371 Allentown Road		
		***************************************	(If rural, give LOCATION)		
How long in hospital	or institution?		2.(a) If veteran, name war		
3. (a) FULL NAM	1E		3. (b) Social Security Number		
		JOSEPH K. THREN	4-204-190		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Married	20. DATE OF DEATH. 77 9V 8 1946 21 7 30 R. M		
		a 11.	1 - Phy (2) - 4(6 - 7/00 X - 446		
***************************************			19.73		
7. Birth date of deceased (mo., day.		4 9, 1874	/ /		
8. AGE: Yea	rs   Modules	Days It less than one day	Immediato canse of death Deceanting OURATION		
7	2 5	hrsmio			
9. Birthplace	Germ	consty and state)	Due to.		
10. Usual occupation	111	Market L	Que to		
11. Industry or busine	" Capita	& graction Co.			
12. Name	Marydis	a Three	Other conditions		
441	Katen	many a laigh	(Include pregnancy within 8 months of death)		
14. Maiden name	0.	Control of the Contro	Major findings of operations		
≥ 15. Birthplace	Si	rmany	Date of op.		
18. Intermant	anz X. Sc	humm V	Autopsy results		
Address 13	320 D Stre	et S.E.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Ruris	7		22. VIOLENCE: It death was due to external causes, till in the following:		
17(Burial, cremutio	on, or removai. Which?)	Date thereof November 11, (month) (day) (year)	Accident, suicide, or homicide		
		lary's Cemetery	Where did injury occur?		
Location	ash neton	n. C.	Injured at home, tarm, Industry, public place (where?)		
	James		Means of Injury Injured at work?		
18. Funeral director		4	10,10		
Address OL/	rennsylv	rania Ave., S.E.	23. SIGNATURE By, Koff & leely M. D. or other		
19. // - > -	46 19 J	hos & Guffille	1 - 1 9 1 0 - 76 21		

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Evidence for the kg. of burthelate is MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore/3/-0 CERTIFICATE OF DEATH FILM No. Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) information carefully. The (If outside city or town limits, write RURAL town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Instillution, or street address where death occurred: rash. (If rural, Five LOCATION) How long in hospital or institution?... 2.(a) If veteran, name war.... 3. (a) FULL NAME 3, (b) Social Security Number MEDICAL CERTIFICATION 21. I CERIFY that death occurred on the date above stated; that fattended deceased from B.(b) Name of husband or wife ... 6.(c) If alive, give age ......years 7. Birlh date of deceased (mo., day, yr.) Supply lease wri DURATION Days If less than one day Years 8. AGE: ADING INK. Physicians: pl wn, county, and state) 10. Usual occupation 11. Industry or business 12. Name. 13. Birihotace (Include pregnancy within 3 months of death) 14. Maiden na 9 15. Birthpiage 14. Maiden name Major findings of operations ..... PLAINLY, is especially 18. Informant PHYSICIAN: Please underline the cause to which death shoold be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... (month) (day) (year) (Burial, cremation, or removal, Which?) Where did injury occur? .....(City or town) (County) (State) injured at home, farm, industry, public place (where?) ... Means of Injury Injured at work? 23. SIGNATUR (Date rec'd hy registrar) Registrar

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Rog. Dist. No. ....

1. PLACE OF DEATH:  County	State
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war
	3. (b) Social Security Number
Nall White Stage (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Honths Days Viess than one day	and fhaf I last saw h
9. Birthplace	over to the beard
10. Usual occupation	Oue 16 Land latter lates
12. Name Putts Page 13. Birthplace Putts Page 14. Report Page 15. Name P	Other conditions
14. Maiden name Noathy June 15. Birthplace	Major findings of operations
Address le colient perla 1	Actopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, eremation, or removal. Which?)  Cemetery or crematory. L.	Where did Injury occur? Active or town) (County) (State)
Location volmar manor med	Injured at home, farm, Industry, Jubic place (where?) It O tracks  Means of Injury Luck Les To Injured at work?
18. Funeral director	Meput hedeed Chamer
19. Mar. 19. 19. 46 Mas Jag Devered (Date ree'd by registrar)	Address M. D. or other 1-14-16



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#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore 1310

#### CERTIFICATE OF DEATH

11276 Reg. Dist. No. 2310

The state of the s	
1. PLACE OF DEATH:  County County Co,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants ripe residence of home)
Classical	State loss hinglon County
City or town	2323 Eye st. 2. W
How long in above place of death? Basadon arrival	City or town(If outside city or town thints write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Price George General Hospital	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Thomas m Ivrig	3. (b) Social Security Number
4. Sex   S. Color or race   8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
ma 10 0.000d. 10	
made single	20. DATE OF DEATH 1946; 21 350P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
	19
7. Birth date of	and that I last saw halive on
7. Birth date of deceased (mo., day, yr.) — — 1894	
8. AGE: Years   Months   Days   If less than one day	Authorities Class of State of
o. Aug.	floute Congestine
52min.	heart tailure
Gandia	0.00
9. Birthplace	Oue to
Caloser	- Alaskas
1D. Usual occupation.	Rue to
11. Industry or business	
12. Hame unknown	Other conditions
12. Name unkenow 13. Birthplace La	
<u>«</u>	(include pregnancy within 8 months of death)
14. Maiden name unknown  15. Birthplace La	Major findings of operations
5	
≥ 15. Birthplace	Date of op.
16. Informant allert Scilchings	Autopsy results
1 // // // // // // // // // // // // /	PHYSICIAN: Please underfine the cause to which death should he charged statistically.
Address 92 mystle st 71. E Washington St. C.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 removal Date thereof Nov. 3,1946	
(month) (day) (year)	Accident, suicide, or homicide Date of
1 st. Youth a Track of Torrel	Where did Injury occur?
Cemetery or cremanus	
landing 306 Let n. ew Washington Ili.	Injured at home, farm, Industry, public place (where?)
461.	Means of Injury Injured at work?
18. Funeral director I Bascha Rome	0 0 0 1 - 11 18
M. T. Ob mil	lepat medical gampin
Address Adjarlandle mid	23. SIGNATURE DE LA DOCE DELA DOCE DE LA DOCE DELA DOCE DE LA DOCE
11/2 4/4 Mana la X/4	23. Signature M. D. or other
18. (Date fee'd by registrar) Registrar	Address Horestell Mate signed /- 2 - 46
(Date fec'd by registrar) Registrar	Address. Oate signed.

y every item of information carefully. The corrite the causes of death clearly and legibly.

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	Suppl	ease
	INK.	ns: D
	ADING	Physicians: please v
)	, WITH UNFADING INK.	important.
)	RITE PLAINLY,	is especially important.
	RITE	

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			CERTIFICA	TE OF DEATH Reg. Dlat. No. 7
City or town	nce Geor nn Dale, Iside eity or town f I death? S. Y.G treet address where ale Sans	Mary mits, write ke ars death occurred toriu	land URAL and give nearest town) 10 mos, 29 day m 0 mos., 29 day	State Coucty  City or town Washington  (If outside city or town limits, write RURAL and give nesrest town)  Street No. 70 Fenton St., N. E.  (If rural, give LOCATION)
4. Sei	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	Colored	Si	ngle	20. DATE OF DEATH NOV. 20 19 46 at 7 A.
6,(b) Name of husband o  7. Birth date of deceased (mo., day. yr.	1/13/1	8.(	c) If alive, give ageyear	21. I CERTIFY that death occurred on the date above stated: that i sitended deceased from  DEC 22 197 to NOV. 20 19 46.  and that I last saw h. 1.77%. alive on NOV. 20 18 4 6.  Immediate cause of death DURATION
8. AGE: Years	Months	Days	It less than one day	Pulmonary Tuberculous 91/2 you
30 30	10	7	hrsmin	
9. Birthplace	Laborer	1		Due to.  Due to.  Due to.  Due to.
E	onn wasr Marylar		n	Other conditions
			cton	(Include pregnancy within 3 months of death)
14. Malden name	Dusta 1		Igcon	Major findings of operations
₹ 15. Birthplace	Marylar	IG		
16. Informant	Decease	d		Autopsy results
Address  17. Bureal (Burial, cremation, or removal, Which?)  Cemetery or crematory  Date thereof. Mov. 23, 19.46. (month) (day) (year)				22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location J.	no ge	0 1x	-Co., M.	Injured at home, farm, industry, public place (where?)
18. Funeral director	1,93.	16th	moon	Means of injury Injured at work?
Address 34 J	La 1946	Row	e, annapoles, Me land S. Philips Registra	23. SIGNATURE M. D. or other
(Date rec'd by reg	strar)		Registra	Address Date signed

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2411 N. Charles St., Baltimore 932

#### CERTIFICATE OF DEATH

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8"	12	Par	Dint	No	245	(

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L-5	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in fauts give residence of mother)
County	NIJ PU REONER.
City or town(if outside city or town limits, write RURAE and give nearest town)	State County County
How long in above place of death?	City or town counting or town limits, write RURAL and give searest town)
Hospital, institution, or street address where death occurred:	Street No. Sacred Heart. Home-
Letana 7	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
LUZABETH GELES	TIA Whitache
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. W. Widowed.	20, DATE OF DEATH NOV. LA 1946, at
Albout Whitache	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8,(b) Name of husband service.	Feb 16 1933 10 NOV 221946
7. Birth date of C / J / 9 If alive, give ageyears	and that I last saw held alive on Roll 21
deceased (mo., day, yr.)  R ACE. Years   Months   Days   If less than one day	immediale cause of death
8. AUL:	Cajestine Heart Facture Long
13 & 13hrsmin.	
8. Birthplace (Town, county) and state)	Due to clerotion of east Driver 13/9
4. w. Fe.	7 Chiloral Ithurshy 3 day
10, 00001	Due to
11. Industry or business	Hempleya one
12. Name	Other countries Nor14 1934
S 13. Birthptace	(Include pregnancy within 3 months of death)
E 14. Malden name	Major findings of operations
14. Malden name	Date of op.
16. Informant Charles 6. // Milaire	Autopsy results
Address /8/5 mars. ave. f.6.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Race 100 11-72-46	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof	Accident, aulcide, or homicide
Cemetery or crematory 5772-1/11	Where did injury occur?
Location / Vaah : Life	Injured af home, farm, Industry, public place (where?)
WW. Chambern (1)	Means of Injury Injured at work?
18. Funeral director	0/1491
Address	23. SIGNATURE M. D. C. C. M. D. C.
19 Lov 22 1946 Jam Bevey	208 ma Ou ne M. D. or other
(Date rec'd by registrar) Registrar	H AGGress Bate signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legib

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# VS A15 9.45-15M

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bland

#### CERTIFICATE OF DEATH

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-				2401
		D	Disa	No.
		Keg.	Dist.	140

11465

1. PLASE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Truel Google	man O. d. P. Gomes
City or town	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town Cast weeded
How long in above place of death?	(If outside city or town limits. Wite RURAL and give nearest town)
	Street No. 6005 - 48 W
***************************************	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
3.(a) Folk NAME Ellis Walher Wood	718-18-0365
4. Sez 5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1.00	- 11 / OO A
Tuste white manned	20. DATE OF DEATH 19 4 6 at 6 A M
8,(b) Name of husband or wife Laths 14 word	21. I GERTIFY that death occurred on the dats above stated; that I attended deceased from
20	, to
7. Birth date of 7. Bir	and that I last saw halive on
deceased (mo., day, yr.) tel 4, 1888	Immediate cause of death
8. AGE: Years Months Days If less than one day	abute composting heart
58 9 19hrsmin.	
The line Va	
9. Birthplace	Dulta
7	Jane during
10. Usual occupation 1	Due to
11. Industry or business washington, January	
12. Name Jameel Wood	Other conditions
12. Name Jamel Wood  13. Birthplace hee hun. Va	
	(Include pregnancy within 8 months of death)
E 14. Maiden name Change Delta	Major findings of operations
14. Maiden name arma Browell  15. Birtholace Free hairs Va	Date of op.
Tatto 11 11-11	Autopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 6005-48 the Cre ? Cheldele, Ky	22. VIOLENCE: It death was due to external causes, fill in the following;
17 Bureal Date thereof 11-26-46	
(Burial, cremation, or removal. Which?)  Oate thereof (day) (year)	Accident, suicide, or homicide
Cemetery or crematory arthury tang Cently	Where did injury occur?
The Merch Ma	Injured at home, farm, industry, public place (where?)
Location	Mesns of Injury t injured at work?
18. Funeral director LUW Chamber Co	blebat meders yamin
Address Prinis dalo - su. f.	megapay 1
Address / Willand 14, 4,	23. SIGNATURE M. U. D.
10 Nov. 24 1046 mrs. Jas Devere	
(Date rec'd by registrar) Registrar	Address Frestell W. Date signed 1-24-46

NOV 27 1946
BUREAU V 8

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The continuous is especially important. Physicians: please write the causes of death clearly and degibly.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-03

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Reg.	Diat.	No. Ho	20-	

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10	CERTIFICAT	TE OF DEATH Reg. Diat. No.
ty distribution	1. PLACE OF DEATH:  Ceunty  City or town.  (1) Outside city or town limits write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street Me.  (If rural, give LOCATION)  2.(a) If veteran, name war.
death	3. (a) FULL NAME George Goung	3. (b) Social Security Number
causes or	4. Sex 5. Color or race 6.(a) Single, married, Midowed, or divorced  M. Reger Lungle	MEDICAL CERTIFICATION  20. DATE OF DEATH 2 2 3 1944 19:50 M
write the	8. (6) Name of husband or wife.  5. (c) If alive, give age years  7. Birth date et deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
S. Diegoe	9. 9irthplace (Town, coupty, and style)	Oue to (Islanoselvonia
Iny Sicial	10. Usual occupation. I will the default of the state of	Oué to.
Le le	12. Name	Other conditions
odmi v	18. Informant Mrs. Beuble	Major findings af operations
is especial	Address Welfare Board - Agattsvelle Mod  17 Burial, cremation, or removal Which?)  Oute thereof. (month) (day) (year)	PHYSICIAN: Flease underline the cause to which death should be charged statistically.  22. Violence: If death was due to external causes, till in the following:  Accident, suicide, or homicide.  Where did injury occurry.  (City or town) (County) (State)
wiles	Lecation Lec	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)  Means of injury Imjured at work?
Han	19 Let 25 18 46 Mrs. alton Musical (Vato rec'd by registrar)	23. SIGNORN Asher art 3 MO.  1225 Talbert Stop M. D. or other  Address Date Hour 25 1944

